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ABSTRACT

Processes and outcomes associated with baccalaureate education for registered nurses were studied longitudinally as part of the Sleuthing Nursing Pathways Project. Participants included about 500 registered nurses who entered the Bachelor of Science in Nursing (BSN) programs at the University of Kentucky, the University of Louisville, Northern Kentucky University, and the University of Cincinnati between 1979 and 1982. Evidence was found that registered nurses' completion of a baccalaureate program was associated with changes in work-related value systems described as a transition from technical to professional outlooks on nursing. Factor analysis revealed four dimensions: identification with nursing as an organized profession; belief in the use of expanded forms and sources of knowledge; acceptance of holistic approaches to nursing; and belief in the capacity of nurses to act autonomously and make independent decisions. The performance and role structure of registered nurse-BSN graduates were compared with those of generic BSN, associate degree, and nursing diploma graduates working in similar settings. Appendices include: an entry questionnaire, an opinion survey questionnaire, cognitive task analysis questionnaires and supervisor assessment questionnaires for nurses in clinical and administrative roles, and a withdrawal survey questionnaire. (Author/SW)

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Sleuthing Nursing Pathways Project

RN- BACCALAUREATE EDUCATION

PROCESS PRODUCT EVALUATION

FINAL REPORT

July, 1983

HE 017 179

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RN BACCALAUREATE EDUCATION:

A PROCESS-PRODUCT EVALUATION

1979-1983

FINAL REPORT

JULY 1983

by

Sleuthing Nursing Pathways Project

College of Nursing

University of Kentucky

Lexington, Kentucky

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ABSTRACT

RN-Baccalaureate Education: A Process-Product Evaluation

Marilyn-Lu W. Jacobsen, R.N., Ph.D., Project Director and Principal Investigator
David Sabritt, Doctoral Candidate, Research Associate

University of Kentucky
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During three years of federal support from the Public Health Service's Division of Nursing, the University of Kentucky College of Nursing conducted a longitudinal assessment of processes and outcomes associated with baccalaureate education for registered nurses. The study's participants included nearly 500 registered nurses who entered the BSN programs at the University of Kentucky, the University of Louisville, Northern Kentucky University, and the University of Cincinnati between 1979 and 1982.

Evidence was found that registered nurses' completion of a baccalaureate program was associated with changes in work-related value systems, and that these changes were in a direction which can be described in terms of a transition from technical to professional outlooks on nursing. Factor analysis of the study's original nursing values scale also suggested that a "professional" outlook in nursing is multidimensional and involves four conceptually and empirically distinct dimensions: identification with nursing as an organized profession; belief in the use of expanded forms and sources of knowledge; acceptance of holistic approaches to nursing; belief in the capacity of nurses to act autonomously and make independent decisions. Modest support was found for a hypothesis that these values -- especially the autonomy dimension -- were related to a set of six basic intellectual skills measured by the ACT College Outcome Measures Project (COMP) examination.

A cognitive task analysis instrument, developed as part of the study, was utilized to compare the performance and role structure of RN-BSN graduates with those of generic BSN, associate degree, and nursing diploma graduates working in similar settings. RN-BSN graduates in staff nurse positions seemed at least as likely as a comparable group of generic BSN graduates to view professional tasks, and use of the nursing process, as typical of their jobs, and to consider themselves proficient in these tasks. In addition, RN-BSN graduates seemed at least as likely (and, in some cases, more likely) to attach strong personal importance to performing these tasks. However, RN-BSN graduates were less likely than generic BSNs in similar positions to report that they were expected or required to perform these tasks in their jobs.

PREFACE

The University of Kentucky College of Nursing faculty and administration are cognizant of the need to evaluate educational programs, particularly those programs which may be deemed to be experimental in nature. Programs at the baccalaureate level which have been designed for registered nurses may not be new, but questions regarding the effectiveness of these programs in changing the registered nurses' practice and values have been unanswered, or only peripherally addressed.

The project which is reported herein was an effort to examine these two areas of concern, i.e., practice and values, in order to validate the belief that registered nurses who have graduated from associate degree or diploma programs can be educated and socialized to a professional role. In addition, the analysis of the data was intended to provide direction to the faculty as curriculum revisions decisions were made.

This project should serve as a percursor for others who wish to examine similar questions in relation to RN-BSN education. It is obvious that all the answers are not here, but this project, and the people directly involved in it, have provided a sound base upon which to build future studies.

The questions of "upward mobility," "articulation," and "ladder curricula" will continue to plague the nursing profession until enough studies are successfully completed that the greatest cynics may recognize the proper course of action in order to preserve the integrity of the nursing profession and its practitioners.

Marion E. McKenna, Ed.D.
Dean

ACKNOWLEDGEMENTS

The project staff wishes to express appreciation to Dean Marion E. McKenna, whose vision inspired the original proposal and wisdom shaped the scope.

To the 565 students and 466 staff nurses who participated in this quest for knowledge, we wish to recognize your professionalism. The administrators and supervisors of 11 health delivery agencies, the administration, faculty, and student services department of each of the four participating universities also deserve a yeoman's vote of thanks for their fine spirit of cooperation to encourage participation, facilitate the process and contribute to the achievement of the goals of the research over the three years.

To Mrs. Polly Lykins, Assistant to the Dean for Administration, and her staff who facilitated the grant's many activities, reports and presentations, a special merit accommodation belongs.

To the Advisory Committee, who volunteered their time, energy, and wisdom which contributed immeasureably to the quality of research....

To Dr. Gertrude McFarland, our project consultant from the Division of Nursing who has provided consistent guidance and wisdom....

...we thank you all. You have contributed substantially to this important research.

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1 INTRODUCTION

Between August 1980 and July 1983, the University of Kentucky College of Nursing received federal support, through a Special Project Grant from the Public Health Service's Division of Nursing, for a longitudinal study assessing the processes and outcomes associated with baccalaureate nurse education programs for registered nurses. The purpose of this report is to describe the methods of that study, to summarize the findings, and to discuss those findings' implications for nurse education and the nursing profession.

Background of the Study

The relationship between types of nurse education programs and levels of nursing practice is indeed a complex one. There currently exist three educational paths to registered nursing: university-based programs leading to the Bachelor of Science in Nursing (BSN) degree; two-year Associate Degree programs located primarily in community and technical colleges; hospital-based nursing diploma programs typically requiring three years for completion. Despite the differences among these educational paths -- in their historical origins, their patterns of control, and the content and organization of their instruction -- graduates of all three programs are legally viewed as possessing an equivalent foundation of knowledge, and are licensed through the same examinations for practice as registered nurses.

For at least thirty years, however, there have been voices calling for the differentiation of nursing practice into more than one level. In 1951, Mildred Montag advanced an influential argument that different types of educational preparation were required for the performance of qualitatively distinct "technical" and "professional" nursing roles. This call for a differentiation of nursing functions was mirrored, in the years which followed, in the positions of the major national nursing organizations. In its 1965 position paper, the American Nurses' Association adopted an official stance in favor of establishment of the baccalaureate nursing degree as minimal preparation for entry into professional nursing. That position was reinforced by the adoption at the 1978 ANA Convention of Resolution 56, calling for identification of two categories of nursing practice. A similar stance has been taken by the National League for Nursing, which in its 1983 Convention reaffirmed its support for the establishment of the baccalaureate degree as a prerequisite for entry into professional nursing.

This movement toward establishment of the baccalaureate degree as the minimal preparation for professional nursing has not been met with universal acceptance, with particularly strong dissent having been expressed by numbers of diploma program graduates and educators. Nonetheless, the ANA and NLN positions have received support from a number of influential sources, such as the Abstract for Action of the National Commission for the Study of Nursing and Nursing Education (1970). More recently, the differentiation of practice has also received support from the interdisciplinary National Task Force on Education for Nursing Practice ("Education," 1983), the American Society for Nursing Service Administrators, the American Association of Colleges of Nursing ("Two Groups," 1983), and the American Association of Critical Care Nurses ("Critical Care," 1982).

Despite the increasing support for the differentiation of nursing functions according to educational preparation, the distinction between "professional" and "technical" nursing has been mirrored imperfectly, at best, in the actual structure of nurses' work. (See, for example, the review of research on the relationship between education and performance compiled by Dennis and Janken, 1979.) Nonetheless, the growing recognition of the technical-professional distinction has been accompanied by an awareness of a need for educational programs capable of permitting registered nurses already educated in diploma or associate degree programs to make a transition from "technical" to "professional" levels of practice. These programs, frequently called "RN-BSN" or "Second Step" programs, grew rapidly during the 1970s, and numbered over one hundred nationally by the early 1980s. While these RN-BSN programs do not by any means represent a single, unvarying model of educational practice, they generally share an approach aimed at "professionalizing" the registered nurse through upper-division undergraduate instruction aimed at building on a foundation of the registered nurse's earlier education and experience. (See Seawright, 1976.) It should be noted that this model is not without critics who have asserted that the preparation of "professional" nurses cannot be based on attempts to articulate university-based education with earlier "technical" preparation aimed at philosophically different purposes (Kramer, 1981). Despite these criticisms, it seems accurate to state that RN-BSN programs, in general, have remained committed to a goal of resocializing registered nurses by providing them with knowledge and values expected to facilitate their transition from "technical" to "professional" roles.

The growth of RN-BSN education has important implications for extending the range of questions being pursued in nurse education research. Despite the increasing support for establishment of baccalaureate education as the entry requirement for professional nursing, the body of research offers findings which are less than consistent with respect to whether and how the actual practice of BSN graduates differs from that of other nurses. The questions surrounding outcomes of collegiate nurse education become even more complex in the case of the RN-BSN model. As Muzio and Ohashi (1979, p. 528) have noted, there is considerable disagreement among educators concerning the variability and outcomes of RN-BSN programs; moreover, there exists little research capable of explaining in what ways, and to what extent, RN-BSN education actually influences the values and attitudes toward nursing practice of nurses whose previous experience has been built on a foundation of associate degree or diploma education. The examination of RN-BSN programs in terms of professional resocialization seems particularly important, especially in view of the insight generated by Kramer (1974) and others concerning the importance of relationships between individual values and institutional norms in the work setting.

In the late 1970s, the National Second Step Project at Sonoma (California) State University made an important contribution to research on RN-BSN education through its efforts to critically examine a range of dimensions of the RN-BSN model: its settings, its participants, its outcomes, and its prospects (Seawright, 1976; Jako et al., 1979; Jako, 1980). In our longitudinal study, we attempt to build on that initiative through an investigation which examines specific components of change in the values and cognitive skills of RN-BSN sutdents, and which begins to respond to what we view as a critical question for nurses and nurse educators: whether these educational outcomes are related to variation in the actual clinical performance of program graduates.

Purpose of the Study

This longitudinal study, conducted over a three-year period, was aimed at answering a set of research questions involving processes and outcomes of RN-BSN education. In this effort, the study was guided by three principal goals:

(1) To identify the structure of cognitive tasks performed by RN-BSN program graduates, and to compare this task structure with that of graduates of other types of nurse education programs working in the same and similar types of settings.

(2) To determine the nature, direction, and extent of changes in the values, attitudes, and intellectual skills of registered nurses entering and completing RN-BSN programs.

(3) To identify factors capable of contributing to admission and counseling procedures for prospective RN-BSN program entrants.

In view of these goals, the study's organization involved three distinct components, each containing its own set of research questions:

Component I: Program Outcomes Evaluation

Research question: Compared to generic graduates, do RN-BSN graduates:

(a) use the nursing process more often in assessing, planning, implementing, and evaluating nursing care?

(b) use current research findings in the practice of nursing?

(c) make more independent judgments to plan nursing care?

(d) use physical assessment skills more often?

(e) participate in health promotional activities in the community?

(f) teach patients and staff more frequently?

(g) direct the activities of other staff more often in management of patient care?

(h) collaborate more often with other health professionals in the planning, coordination, and implementation of patient care?

(i) participate more frequently in continuing education programs?

(j) plan more often for continuity of care through referral?

Component II: Attitude Change and Process Evaluation

Research questions: (1) Are there differences between the attitudes toward nursing held by RN-BSN students at entry to the program and those held at graduation? What are the nature, extent, and direction of these changes?

(2) Is there a developmental process which can be characterized as a transition from a "technical" to a "professional" orientation to nursing?

(3) Is there a change, between entry and graduation, in the general intellectual skills of RN-BSN students?

Component III: Admissions

Research questions: (1) Are measures of general intellectual skill predictive of the RN-BSN student's future performance in the work setting?

(2) What factors are related to RN-BSN students' withdrawal from the educational program?

Evaluation Research Paradigm

The conceptual framework for this evaluation study was influenced, to a major extent, by the Stufflebeam and Guba "CIPP" model, cited by Popham (1974, p. 34) as one of the most prominent decision-facilitation evaluation formats available. "CIPP" is the acronym for the model's four foci of evaluation: context, input, process, and product. The CIPP model's central aim (cited by Popham, p. 34) is highly reflective of that of the director of this study: "Evaluation is the process of delineating, obtaining, and providing useful information for judging decision alternatives."

Because the curriculum for the University of Kentucky's RN-BSN program had already been set in place when this study was initiated, only the "process" and "product" dimensions of the CIPP model were addressed. The purpose of "process evaluation" is to identify any defects in the procedural design (Popham, p. 35). "Product evaluation" is an attempt to measure and interpret the attainments of the program; its results should help faculty and administration to decide whether to continue, terminate, modify, or refocus the instructional program (Popham, p. 36).

Instruments and Tools

The study's longitudinal design involved collection of data from RN-BSN students at as many as seven points in time: at entry to the program, at the mid-point of each semester of enrollment; immediately before graduation; in the work setting, approximately six months and one year after graduation. The instruments used in this sequence included both standardized and original tools, as well as instruments adapted with permission from other sources. In addition to "objective" fixed-response instruments, the set of tools also included a critical incident report in which students were asked to use their own words in answering a set of open-ended questions about their experience in the program. The tools employed in the study, and their contributions to the study's general design, are described below.

(1) An entry questionnaire, containing 111 forced choice items, was administered at students' entry to the RN-BSN program in order to gather a set of baseline information about personal and family backgrounds, educational and occupational experience, perceptions of nursing, and reasons for choice of the student's specific RN-BSN program. This instrument was adapted with permission from a questionnaire developed by the National Second Step Project at Sonoma State University, Rohnert Park, California.

(2) An Opinion Survey consisting of forty-nine Likert-type items in which students expressed the extent of their agreement or disagreement with statements comprising three subscales: Professionalism; Attitudes Toward Higher Education; Attitudes Toward Learning. The respective Cronbach Alpha reliability coefficients of the three subscales were .94, .93, and .93.

The Opinion Survey was administered to students as they entered the RN-BSN program, and again as they prepared to graduate. In addition to the 49 Likert-type attitude items, the booklet containing the Opinion Survey also included 47 forced-choice items involving students' educational aspirations, their perceptions of nursing and the national health care system, their professional memberships and activities, their perceptions of their own nursing skills, and their preferences for selected clinical areas, work settings, and job types.

(3) At entry to the program, and again at graduation, RN-BSN students were administered the College Outcome Measures Project (COMP) examination (1977) developed by American College Testing as a measure of six intellectual skills viewed as the general outcomes of undergraduate education: functioning in social institutions; using science, using the arts; solving problems; communicating, clarifying values. The COMP examination has been described by its developers as having the potential for predicting how well graduates of professional programs will perform professional or community roles after completing their educational preparation (Magarrell, 1978).

(4) A critical incident report, called "aha!", was distributed to all students at the mid-point of each semester during their enrollment and six months and one year after graduation. The instrument consists primarily of open-ended questions asking students to describe changes they have perceived in their behaviors related to the practice of nursing, and to identify any individuals, experiences, or incidents which they consider the source of those changes.

(5) A set of Cognitive Task Analysis questionnaires, designed to measure the structural dimensions of work performed by baccalaureate nurses, was administered to RN-BSN graduates approximately one year after their completion of the program. Two versions of the instrument were created -- one for baccalaureate nurses working in staff positions, the second for baccalaureate nurses working as administrators or supervisors. These instruments were built around cognitive tasks embodying values and types of knowledge associated with professional levels of nursing practice. The tasks were derived from several sources: goal statements of baccalaureate nursing programs; ANA and NLN statements of

professional nursing competencies; results of the study's own analysis of the structural components of professional values; the six intellectual skills measured by the COMP examination; and findings from the project director's survey of consensus among nurse educators and administrators on baccalaureate competencies.

In their final versions, the Cognitive Task Analysis questionnaires contained thirty-nine tasks associated with professional practice for nurses in staff positions, and thirty-three tasks for individuals in supervisory capacities. In either the staff nurse or supervisor version, respondents were asked six questions, with forced-choice response categories, about each task:

- "How typical is this task of the work you do in your current job?"
- "How well do you perform this task in your current job?"
- "Where did you learn to perform this task?"
- "How well have you been prepared to perform this task?"
- "To what extent are you permitted to perform this task?"
- "How important is it to you, as a professional, to perform this task?"

RN-BSN graduates were asked, in addition, whether they performed each task more or less often than they had in their pre-baccalaureate positions as registered nurses.

(6) During the study's final year, a microcomputer-based simulation was developed to assess skills in clinical decision-making and resource management. The material in this simulation was adapted, with permission, from several of the clinical scenarios which comprised Gover's Nursing Performance Simulation Instrument (1970). In the effort to modify elements of Gover's paper-and-pencil instrument for the micro-computer medium, project staff received substantial assistance from a faculty advisory group at the University of Kentucky College of Nursing. While this simulation did not serve as an important measurement tool in the study's design, it was used as an instructional resource by several faculty members in the participating RN-BSN programs.

Collection and Analysis of Data

In its examination of processes and outcomes associated with RN-BSN education, the study focused on cohorts of registered nurses who, between 1980 and 1983, entered the RN-BSN programs at the University of Kentucky, the University of Louisville, Northern Kentucky University, and the University of Cincinnati. The data described in this report also include information collected earlier from registered nurses entering the University of Kentucky's RN-BSN program during the 1979-1980 academic year, prior to the start of the study's Division of Nursing support. The number of entering students who took part in the study, for each cohort at each university, are summarized in Table 1-1.

Table 1-1

NUMBER OF ENTERING STUDENTS PARTICIPATING IN STUDY, BY UNIVERSITY

Semester	University of Kentucky	University of Louisville	University of Cincinnati	Northern Ky. University
*Fall 1979	65			
*Spring 1980	45			
Fall 1980	50	25		
Spring 1981	72			
Fall 1981	61	13	18	18
Spring 1982	37			
Fall 1982	58	23	14	10
Spring 1983	18	—	—	—
	406	61	32	28

*Semesters preceding formal initiation of Division of Nursing Special Project

While all students entering the four BSN programs during the project's duration were strongly encouraged to take part in the study, it should be emphasized that individuals' participation was voluntary. (The student consent form is included in the Appendix of this report.) It is a strong tribute to the firm and consistent support offered by the administration and faculties of the four BSN programs that participation rates, after the start of Division of Nursing support, were mostly eighty-five percent for each entering class at each University.

As readers have perhaps already noted, the study's three-year duration made it possible for us to follow, through graduation, only those students entering one of the four BSN programs no later than the Spring 1981 semester. While aware of this limitation, we continued to collect baseline information from later entering classes, with the hope that these data could help us in examining the educational processes, if not always the outcomes, which we were hoping to explain.

Figure 1-1 illustrates the basic points of data collection for students whose progress, through and beyond graduation, we were able to follow. Clearly, collection of essential baseline data at students' entry to the RN-BSN program was not only critical to our research aims, but was also likely to require large amounts of student time. Initially, entering students were mailed the entry questionnaire and the opinion survey before the start of school, and were asked to take only the COMP examination -- requiring over two hours -- in a group test setting. However, this approach produced return rates which were only marginally acceptable; far better return rates were achieved, in later semesters, when entering students were asked to complete the questionnaires during times set aside for that specific purpose. Similarly, we found with graduating senior students that the most satisfactory response rates were achieved when in-class times were established for group testing. As a gesture of our appreciation,

Figure 1-1

SUMMARY OF DATA COLLECTION POINTS FOR RN-BSN STUDENTS

Entry to RN-BSN Program	Entry Questionnaire Opinion Survey (pre-test) COMP Examination (pre-test)
First Semester	"aha!" Critical Incident Report
Second Semester	"aha!" Critical Incident Report
Third Semester	"aha!" Critical Incident Report
Fourth Semester	"aha!" Critical Incident Report
Graduation	Opinion Survey (post-test) COMP Examination (post-test)
6 Months after Graduation	"aha!" Critical Incident Report
One Year after Graduation	Cognitive Task Analysis "aha!" Critical Incident Report

all students participating in the study were awarded framable parchment certificates, with their names hand-calligraphed, attesting to their involvement in the study. (See Appendix.)

Analysis of the data in our study involved the use of a range of statistical tools. A large part of our analysis of professional values, for example, was built on the results of a factor-analytic solution. In summarizing the structure of tasks performed by graduates of different types of baccalaureate nursing programs, we made use of analysis of covariance techniques. It is hoped that our reasons and approaches in the use of specific statistical methods will be made clear in the contexts of this report's following chapters. Computations were performed with use of Statistical Package for the Social Sciences (SPSS) software at the University of Kentucky's central computer.

The study's design also called for the use of external evaluators in the analysis of data on tasks performed in the work setting by graduates of different types of programs. A summary of that external analysis -- prepared by Dr. Robert Moore of the University of Kentucky College of Medicine and Mr. Timothy Johnson of the University of Kentucky Survey Research Center -- is included in the Appendix of this document.

Limitations

The scope of our study has brought us face-to-face with a number of questions which we have not only found to be the source of enormous challenge, but which we also believe to have important consequences for nurse education and the nursing profession. At the same time, our effort has also made us more aware than before of the complexity of these questions, and of the dangers -- both empirical and interpretive -- inherent in attempts to simplify these issues and to explain their elements one at a time. Our study is bound by a number of important limitations, and we think it important to make several of these explicit:

(1) An important part of our analysis involves the examination of changes in values and knowledge which occur in RN-BSN students between the time when they enter and complete the baccalaureate nursing program. It should be remembered that no reason exists for assuming that these changes, when they do occur, are simply the outcomes of baccalaureate nursing education itself. An important limitation of our study is that it looks descriptively at the knowledge, values, and performance of students and graduates, but does not attempt to separate the effects of formal education from those of other influences on the lives of RN-BSN students. These extra-scholastic influences, moreover, are ones which an observer might expect to be particularly important among groups of adult learners.

(2) The study's participants were drawn from a specific and geographically restricted population, and no basis exists for assuming that they are representative of a larger universe of nurses and student nurses.

(3) The study's participants were students and graduates of four separate BSN programs. While we have reason to believe that the four programs share important elements of philosophy and educational practice, they are also characterized by important differences. No attempt was made, in our study, to examine the effects of these institutional or contextual variables.

(4) A related limitation involves the caution that we cannot presume, by virtue of having examined processes and outcomes among students at four RN-BSN programs, that we have examined the foundations of BSN education as such. Much more, we believe, needs to be known about the commonalities -- both instructional and organizational -- which characterize BSN programs in general, and about some of the dimensions along which BSN programs tend to differ.

(5) Our formulation of research questions specifically excluded the examination of curriculum. However, the questions of what is taught, how, and by whom -- and of what is not taught -- seem essential for a critical understanding of some of the outcomes we seek to explain.

(6) Virtually all of the instruments employed in our study had important limitations. The College Outcome Measures Project (COMP) examination is intended to measure general intellectual skills; the learning it measures is not subject-specific to nursing, and its relationship to nursing remains an empirical question. The "aha!" critical incident report involved highly personal and subjective descriptions of student experience; while useful in contributing to an understanding of RN-BSN experiences in students' own terms, the instrument had limited value in establishing statistical regularities. The Cognitive Task Analysis provided extensive information on the ways in which registered nurses perceived the structure of their work; the instrument, however, was a self-report tool, and its data should not be confused with the direct observation of nursing performance.

(7) It should be remembered, finally, that our study examined processes and outcomes during a specific three-year period of time. There is substantial reason for believing that the relationship between education and performance in nursing is not at all a static one, but that this relationship has historically been characterized by patterns of change. There is evidence, moreover, that our study was conducted at a time of considerable acceleration in that change. If this is true, then it becomes especially important to view research such as our own in a context which takes this history of change into account, and which recognizes that educational outcomes are influenced by events which go far beyond the formal content and structure of educational programs.

2 A PROFILE OF THE STUDY'S PARTICIPATING RN-BSN STUDENTS

The central purpose of this report is to describe the findings of a broad investigation of processes and outcomes of baccalaureate education for a group of registered nurses. Before turning to the details of that investigation, however, it seems important to make mention of some of the patterns which suggest the diversity of experience which these registered nurses bring with them to the BSN program.

Over ninety-six percent of the registered nurses participating in our study were women, a fact which precluded, in our analysis, the prospect of meaningful comparisons of RN-BSN educational outcomes with respect to sex. Approximately four-fifths of the participants entered their baccalaureate programs as graduates of associate degree nurse education programs, and about one-fifth had completed hospital-based diploma programs (Table 2-1).

Table 2-1

BASIC RN EDUCATION OF ENTERING RN-BSN STUDENTS

	Number	Percentage
Associate Degree	381	79.7%
Diploma	97	20.3%
	N=478	100.0%

As Table 2-2 shows, about ten percent of the responding participants entered their BSN programs within a year after receiving their associate degree or nursing diploma. Over one-half entered between one and four years after completing their basic RN education programs.

Table 2-2

TIME BETWEEN GRADUATION FROM BASIC RN PROGRAM AND ENROLLMENT IN RN-BSN PROGRAM

	Number	Percentage
Less than 1 Year	49	10.1%
1-4 Years	262	58.8%
5-10 Years	124	25.5%
Over 11 Years	52	10.7%
	(N=487)	100.00%

Among students willing to state their marital status, approximately forty-five percent were married, about forty-two percent were single, and slightly over twelve percent were widowed, separated, or divorced (Table 2-3). Among married students, more than three-fourths stated that their spouses were at least somewhat supportive of their decision to enter the baccalaureate program.

Table 2-3

MARITAL STATUS OF ENTERING RN-BSN SUTDENTS

	Number	Percentage
Single	204	42.0%
Married	220	45.3%
Divorced	55	11.3%
Widowed	5	1.0%
Separated	2	0.4%
	(N=486)	100.00%

Among entering students answering a set of questions about their work experience, over eighty percent had worked for at least one year as a registered nurse; over thirty percent had worked six years or more (Table 2-4). While nearly three-fourths stated that their major clinical area of nursing was in medical-surgical nursing, the range of RN-BSN students' previous experience also included a number of other areas (Table 2-5).

Table 2-4

LENGTH OF NURSING EXPERIENCE SINCE OBTAINING RN

	Number	Percentage
Less than 1 Year	83	17.1%
1-5 Years	250	51.4%
6-10 Years	131	27.0%
11-25 Years	22	4.5%
	(N=486)	100.00%

Table 2-5

MAJOR CLINICAL AREA OF NURSING EXPERIENCE:
ENTERING RN-BSN STUDENTS

	Number	Percentage
Surgical-Medical	350	73.7%
Pediatrics	48	10.1%
OB-GYN	41	8.6%
Psychiatry	8	1.7%
Gerontology	12	2.5%
Public Health	12	2.5%
Community Mental Health	1	0.2%
Occupational Health	3	0.6%
	(N=475)	100.00%

Over eighty percent of responding students reported that their most recent nursing employment had been in a staff nurse position; about seven percent stated that their most recent position had been as a head nurse or supervisor (Table 2-6).

Table 2-6

MAJOR FUNCTION IN PREVIOUS NURSING EXPERIENCE: ENTERING RN-BSN STUDENTS

	Number	Percentage
Staff Nurse	397	82.2%
Administration	6	1.2%
Head Nurse, Supervisor	33	6.8%
Other	47	9.7%
	(N=483)	100.00%

While the profiles of entering RN-BSN students at the study's four participating programs are similar in a number of respects, there are also a number of differences which should be pointed out. In contrast to registered nurses entering the other three programs, a majority of individuals entering the RN-BSN track of the University of Cincinnati's baccalaureate nursing program had received their basic preparation in diploma rather than associate degree programs (Table 2-7). The study's entering students from the University of Cincinnati and from the University of Louisville were also more likely to identify urban areas as their communities of origin (Table 2-8).

Table 2-7

BASIC RN EDUCATION OF ENTERING RN-BSN STUDENTS, BY UNIVERSITY

	University of Kentucky (n=388)	University of Louisville (n=39)	University of Cincinnati (n=30)	Northern Ky. University (n=28)
Associate Degree	85.9%	74.4%	20.0%	75.0%
Diploma	14.1%	25.6%	80.0%	25.0%
	100.0%	100.0%	100.0%	100.0%

Table 2-8

ENTERING STUDENTS' COMMUNITIES OF ORIGIN,
BY UNIVERSITY

Type of Community	University of Kentucky (n=388)	University of Louisville (n=39)	University of Cincinnati (n=30)	Northern Ky. University (n=28)
City	32.2%	76.0%	65.5%	17.9%
Medium-Sized Town	15.6%	9.3%	10.3%	39.3%
Small Town	25.9%	7.0%	13.8%	25.0%
Rural Area	26.4%	7.0%	10.3%	17.9%
	100.0%	100.0%	100.0%	100.0%

Among students at all four universities, the work experience of associate degree and diploma graduates seemed to differ in several respects. As Tables 2-9 and 2-10 illustrate, diploma graduates entering the four BSN programs tended to be somewhat older than their associate degree counterparts, and to have considerably more experience in nursing. Over eighteen percent of the associate degree graduates, compared to 7.5 percent of entering students with diploma preparation, had worked less than a year as registered nurses; more than eighteen percent of the diploma nurses had worked more than ten years, in contrast to only 1.3 percent of the associate degree graduates.

Table 2-9

AGE OF ENTERING RN-BSN STUDENTS
BY TYPE OF BASIC RN EDUCATION

	Age in Years							
	Mean	S.D.	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance
Associate Degree (n=365)	28.56	8.01	Between	996.83	1	996.83	16.09	$p > .01$
Diploma (n=91)	32.26	7.26	Within	28121.40	454	61.94		

Table 2-10

ENTERING RN-BSN STUDENTS' LENGTHS OF
RN NURSING EXPERIENCE, BY TYPE OF
BASIC RN EDUCATION
(N = 468)

Years RN Nursing Experience	Associate Degree	Diploma
Less than 1 Year	18.4%	7.5%
1-5 Years	56.8%	31.2%
6-10 Years	23.5%	43.0%
More than 10 Years	1.3%	18.3%
	100.0%	100.0%

In summary, it seems accurate to state that the RN-BSN students participating in this study comprise a group which spans a considerable range of personal, educational, and professional backgrounds. This fact, we suspect, should hardly surprise readers familiar with the history and evolution of RN-BSN education, and with the complexity of an educational mission of building on varied foundations of learning and experience to prepare registered nurses for professional levels of practice. In the remainder of this report, our attention turns to an examination of processes and outcomes associated with this transition.

Background

In its pursuit of a goal of leading registered nurses from "technical" to "professional" practice, the RN-BSN educational movement can be described in terms of an aim of professional socialization. Discussing dimensions of professional socialization in nursing, Jacox (1973) cited Moore's definition (1970, p. 71) of that process as one ". . . by which a person acquires the knowledge, skills, and occupational identity characteristic of a professional."

This process -- and the specific shapes it assumes in RN-BSN education -- holds important consequences not only for the careers of individual graduates, but also for the prospects of the field of nursing itself. In a statement which mirrored a significant movement in the sociology of work, Everett Hughes (1963) made the following observation:

> ". . . in my own studies, I have passed from the false question 'is this occupation a profession' to the more fundamental one, 'what are the circumstances in which people in an occupation attempt to turn it into a profession, and themselves into professionals'."

Viewed in the perspective suggested by Hughes' question, the socialization process in RN-BSN programs can be seen as one in which education serves as a link between individual mobility and structural transformation.

Nurse educators and credentialling boards have given much attention to the skills and competencies thought to distinguish "professional" from "technical" nursing roles. Measuring the value structure of "professional" nursing, however, seems more elusive. In the early 1960s, Corwin (1961) developed a scale intended to measure distinct but interrelated "professional," "service," and "bureaucratic" components of nursing role conceptions.

Corwin's work was extended by a number of other researchers, such as Kramer (1972), who used Corwin's role conception measures in an attempt to explain discrepancies between the norms promoted by nurse education programs and the realities encountered by these programs' graduates in the work setting. A limitation of Corwin's instrument is that it treats the "professional" component of nursing role conceptions as a single, unidimensional construct. A "professionalism" scale developed by Hall (1968) does contain subscales measuring five dimensions: professional organizational reference, belief in public service, belief in self-regulation, sense of calling to the field, and feeling of autonomy. Hall's scale has been used in a number of studies involving nurses and nursing (e.g. Monnig, 1978). Because Hall's instrument is designed with reference to dimensions of occupations and work in general, however, the scale is perhaps less useful for identifying the particular issues around which competing conceptions of nursing are organized.

The Study's Professional Values Scale and its Factor Structure

As part of the Opinion Survey administered to our study's participating RN-BSN students at entry and again at graduation, we included a scale of eighteen Likert-type items asking subjects to express agreement or disagreement (on a six-point scale) with a series of statements about their work as nurses and about the work of nurses in general. The items were constructed, specifically, to reflect a set of values identified by the investigators through a content analysis of goal statements of "professional" (i.e., baccalaureate) nurse education programs. This simple "professionalism" scale for nurses appeared to have a high level of internal consistency, with an Alpha reliability coefficient of about .94.

Four Professional Factors

Factor analysis of the scale's eighteen items suggested a set of four underlying dimensions. Table 3-1 shows these factors, and the loadings of each of the eighteen items on the four factors when a varimax rotation was used with the principal components solution. The items loading on Factor 1 seem to center on an identification with nursing as an organized profession: "My professional identity as a nurse is one of the most important things in my life;" "It is very important to be a member of a professional organization," etc. Factor 2 seems to reflect a belief in the use of an extended base of knowledge. (Examples: "One of the ways I plan to contribute to the nursing profession is to publish in a professional journal." "The research literature is an important source of information to me on the job.") With some hesitation, we have labeled Factor 3 a holistic approach to nursing, with strong-loading items which suggest the attachment of importance to social and psychological variables, and a rejection of an exclusive concern with immediate physical symptoms. The items loading on Factor 4 seem to reflect a sense of autonomy, a belief that nurses can and should make independent judgment and take independent action within their own sphere of competence.

If these four factors seem parallel, in some respects, to the dimensions of Hall's professionalism scale, this might be seen not simply as an artifact of item and scale construction, but also as evidence of what Hall noted (1982): that his earlier view of professionalism embodies issues and concerns that remain salient in nurses' eyes. What seems most important, for the purposes of our analysis, is that these conceptions of "professional" nursing roles seem to be characterized by dimensions which, for the most part, are theoretically clear and empirically distinct. (In the varimax-rotated factor solution, the strongest interfactor correlation was about .12. This fact lends support to an

Table 3-1

ITEM LOADINGS ON FOUR PROFESSIONAL VALUE FACTORS

	Factor 1 ("professional identification")	Factor 2 ("use of knowledge")	Factor 3 ("holistic approach")	Factor 4 ("autonomy")
"My professional identity as a nurse is one of the most important things in my life."	.71	-.11	-.06	-.05
"It is very important to me to be a member of a professional nursing organization."	.68	.16	-.04	-.06
"I believe my actions can make a difference in the nursing profession."	.64	.15	.13	-.04
"If I do my job well, having a personal nursing philosophy isn't really important."	-.42	-.06	-.37	-.12
"One of the ways I plan to contribute to the nursing profession is to publish an article in a professional journal."	.06	.66	-.03	.14
"The research literature is an important source of information to me on the job."	.20	.54	.12	-.25
"I have found that reading nursing and other research journals has been very helpful to me as a nurse."	.31	.57	.03	-.12
"It is more important to me to spend my time doing a good job than to spend time thinking about controversial issues in nursing."	.13	-.47	-.09	-.43
"Courses in the liberal arts have been helpful to me as a nurse."	-.06	.54	.26	-.09
"Some of the things I like about being a nurse are the workshops and other educational activities related to the health professions."	.35	.45	.03	.06

Table 3-1, Continued

	Factor 1 ("professional identification")	Factor 2 ("use of knowledge")	Factor 3 ("holistic approach")	Factor 4 ("autonomy")
"Although many nurses like to look for social and psychological reasons for health problems, in the final analysis most health problems are simply physically caused."	-.01	-.12	-.75	-.04
"Keeping the patient neat and clean is the most important duty of the nurse."	-.04	-.19	-.49	-.20
"If there is a conflict between accepted medical ethics and my own morals, I generally go along with those of the medical profession."	.04	-.04	-.62	-.15
"It is often the case that knowledge of the community resources is a great asset to the nurse."	.20	.30	.46	.03
"A good nurse recognizes that, in matters concerning a patient's health, the physician knows best."	.01	.04	-.25	-.73
"Whenever a nurse makes important patient care decisions, it is usually wise to get direction from a physician first."	-.02	.00	-.10	-.71
"In matters concerned with nursing practice, the nurse, not the physician, should have the final say."	.44	.03	-.02	.51

argument that a "professionalized" outlook on the part of nurses is not a single, unidimensional attribute, but rather that it involves a configuration of underlying dimensions.)

Professional Values and Educational Background

Recent policy arguments have tended to group associate degree and diploma nursing education together as subcategories of preparation for "technical" nursing. Nonetheless, we found several reasons for comparing the values of graduates of the two types of programs as they entered the RN-BSN program. In view of associate degree nurse education's close link with the movement for preparing "technical" nurses, we thought it likely that associate degree graduates entering the RN-BSN program would score closer to the "technical" end of the continuum measured by our opinion scale.

The patterns which emerged from a comparison of the values of associate degrees and diploma graduates offer partial support for our expectation. As Table 3-2 shows, diploma graduates entering the RN-BSN program did not score significantly higher than their associate degree counterparts on the overall professional value scale.

The situation became more complex, however, when we separated the four factors for comparison of the graduates of the two types of basic RN education programs. (See Table 3-3.) Associate degree and diploma graduates were virtually identical in their mean scores on the "professional values" factor. Compared to associate degree graduates, diploma graduates did attach significantly greater value to a holistic nursing approach, even when the effects of the diploma graduates' greater age and longer nursing experience were taken into account. Diploma graduates also seemed to attach greater value to an expanded use of knowledge and to professional autonomy; these differences, however, became statistically nonsignificant when age and experience were controlled.

Table 3-2

PROFESSIONAL VALUE SCORES BY TYPE OF BASIC RN EDUCATION, WITH AGE AND LENGTH OF RN EXPERIENCE CONTROLLED (ENTERING RN-BSN STUDENTS)

	Professional Value Score		Source of Variation	Sum of Squares	D.F.	Mean Square	F	Significance
	Mean	Standard Deviation						
Associate Degree (n=367)	4.08	.40	**Covariates**	.20	2	.10	.60	N.S.
			Age	.10	1	.10	.61	N.S.
Diploma (n=90)	4.23	.52	Experience	.03	1	.03	.18	N.S.
			Main Effect					
			Type of RN Education	.35	1	.35	2.09	N.S.
			Explained	.55	3	.18	1.06	N.S.
			Residual	76.15	456	.17		
			Total	76.70	459	.17		

Table 3-3

PROFESSIONAL VALUE FACTORS BY TYPE OF BASIC RN EDUCATION WITH AGE AND LENGTH OF RN EXPERIENCE CONTROLLED

	Mean	S.D.	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance
"Professional Identification" Factor Score								
			Covariates	1.31	2	.66	.65	N.S.
Associate Degree (n=366)	.0299	1.00	Age	0.63	1	.63	.63	N.S.
			Experience	0.22	1	.22	.22	N.S.
			Main Effect					
Diploma (n=89)	-.0059	1.01	Type of RN Education	0.00	1	.00	.00	N.S.
			Explained	1.31	3	.44	.44	
			Residual	460.26	454	1.01		
			Total	461.57	457	1.01		
"Holistic Approach" Factor Score								
			Covariates	3.68	2	1.84	1.82	N.S.
			Age	2.72	1	2.72	2.71	N.S.
Associate Degree (n=366)	-.0781	.94	Experience	0.09	1	0.09	.09	N.S.
			Main Effect					
Diploma (n=89)	.2536	1.23	Type of RN Eduction	6.23	1	6.23	6.23	$p<.05$
			Explained	9.90	3	3.30	3.29	$p<.05$
			Residual	451.67	454	.99		
			Total	461.57	457	1.01		

Table 3-3, Continued

	Mean	S.D.	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance
	"Use of Knowledge" Factor Score							
			Covariates	6.30	2	3.15	3.21	$p<.05$
Associate Degree (n=366)	-.0265	1.00	Age	5.72	1	5.72	5.84	$p<.05$
			Experience	2.52	1	2.52	2.57	N.S.
			Main Effect					
Diploma (n=89)	.1313	1.03	Type of RN Education	3.12	1	3.12	3.19	N.S.
			Explained	9.42	3	3.14	3.20	$p<.05$
			Residual	444.84	454	.98		
			Total	454.26	457	.99		
	"Autonomy" Factor Score							
			Covariates	9.84	2	4.92	4.97	$p<.01$
			Age	4.41	1	4.41	4.46	$p<.05$
Associate Degree (n=366)	-.0668	1.01	Experience	8.65	1	8.65	8.75	$p<.01$
			Main Effect					
Diploma (n=89)	..1804	.98	Type of RN Education	2.58	1	2.58	2.61	N.S.
			Explained	12.41	3	4.14	4.18	$p<.01$
			Residual	449.16	454	.99		
			Total	461.57	457	1.01		

Change in Values

In what ways do these values change during the course of the registered nurse's RN-BSN program? As shown in Table 3-4, there seems to be a significant gain on each value dimension, among both registered nurses who entered the program as diploma graduates and those who came from associate degree programs. Associate degree and diploma graduates did not differ significantly in the magnitude of their gains.

Table 3-5 illustrates the amount of change, from entry to graduation, in the percentage of RN-BSN students agreeing with individual professional value items. Estimates of significance were based on the Sign Test, a nonparametric statistic calculating the direction and magnitude of change on ordinal variables for related samples.

Table 3-4

CHANGE IN RN-BSN STUDENTS' PROFESSIONAL VALUE SCORES FROM ENTRY TO GRADUATION, BY TYPE OF BASIC RN EDUCATION

		RN-BSN STUDENTS WITH ASSOCIATE DEGREE				RN-BSN STUDENTS WITH DIPLOMA			
		N	MEAN	S.D.	T-VALUE	N	MEAN	S.D.	T-VALUE
Total Professional Value Scale	ENTRY	61	4.09	0.39	6.71**	38	4.20	0.40	3.99**
	GRADUATION		4.45	0.50			4.53	0.61	
"Professional Identification" Item Subscale	ENTRY	61	71.26	9.76	2.21*	36	70.37	8.90	4.05*
	GRADUATION		74.41	10.96			77.24	13.44	
"Use of Knowledge" Item Subscale	ENTRY	61	63.92	7.97	3.67**	38	65.06	9.07	3.14**
	GRADUATION		68.56	9.87			70.25	12.77	
"Holistic Approach" Item Subscale	ENTRY	61	71.88	11.20	4.94**	37	75.26	8.13	3.10**
	GRADUATION		79.33	11.44			79.73	9.17	
"Autonomy" Item Subscale	ENTRY	61	66.53	12.57	5.73**	38	71.20	12.10	2.66**
	GRADUATION		77.60	14.05			77.34	13.32	

*p<.05 (one-tailed)

**p<.01 (one-tailed)

Table 3-5

PERCENTAGE OF STUDENTS AGREEING WITH ITEMS ON TECHNICAL-PROFESSIONAL SUBSCALE AT ENTRY AND AT GRADUATION

(N = 107)

	At Entry	At Graduation	Change	Number of Positive Changes	Number of Negative Changes	Significance[a]
PROFESSIONAL IDENTIFICATION						
"My professional identity as a nurse is one of the most important things in my life."	84.1	79.4	-4.7	23	30	N.S.
"It is very important to a nurse to be a member of a professional organization."	58.6	79.1	+20.5	57	13	p<.01
"I believe my actions can make a difference in the nursing profession."	88.3	92.2	+3.9	32	17	p<.05
"If I do my job well, having a personal nursing philosophy isn't really important."	10.2	7.4	-2.8	24	49	p<.01
USE OF KNOWLEDGE						
"One of the ways I plan to contribute to the nursing profession is to publish an article in a professional journal."	36.9	53.4	+16.5	42	18	p<.01
"The research literature is an important source of information to me on the job."	69.1	71.9	+2.8	40	28	N.S.
"I have found that reading nursing and other medical research journals has been very helpful to me as a nurse."	89.7	92.5	+2.8	44	20	p<.01
"It is more important to spend my time doing a good job at my profession than spend time thinking about all the controversial issues and problems in nursing."	45.9	20.8	-25.1	16	51	p<.01

Table 3-5, Continued

	At Entry	At Graduation	Change	Number of Positive Changes	Number of Negative Changes	Significance[a]
"It has been my experience that courses in the liberal arts have been helpful to me as a nurse."	71.3	83.1	+11.8	42	16	$p<.01$
"Some of the things I like about being a nurse are the workshops and other educational activities related the the health care professions."	96.2	87.7	-8.5	26	26	N.S.
HOLISTIC APPROACH						
"Although many nurses like to look for social and psychological reasons for health problems, in the final analysis most medical problems are simply physically caused."	15.1	7.5	-7.6	19	51	$p<.01$
"Keeping the patient neat and clean is the most important duty of the nurse."	5.7	4.8	-0.9	25	38	N.S.
"If there is a conflict between accepted medical ethics and my own morals, I generally go along with that of the medical profession."	36.3	25.2	-11.1	14	35	$p<.01$
"It is often the case that knowledge of community resources is a great asset to the nurse."	94.4	100.0	+5.6	50	12	$p<.01$
AUTONOMY						
"A good nurse recognizes that in most matters concerning a patient's health, the physician knows best."	18.9	8.5	-10.4	9	45	$p<.01$
"Whenever a nurse makes important patient-care decisions, it is usually wise to get direction from a physician first."	48.1	26.7	-21.4	16	47	$p<.01$

Table 3-5, Continued

	At Entry	At Graduation	Change	Number of Positive Changes	Number of Negative Changes	Significance[a]
"In matters concerned with nursing practices, the nurse, not the physician, should have the final say."	70.6	81.1	+10.5	55	23	$p<.01$

[a] Significance of changes tested by sign test for change in related samples (two-tailed).

Background

Summarizing its definition of professional nursing, the American Nurses' Association position paper (1965) stated:

> "Such practice requires knowledge and skill of high order, theory oriented rather than technical oriented. It requires a rigorous course of study in colleges and universities." (p. 107)

If baccalaureate education for nursing is aimed at the development of critical intellectual and analytic tools, then a central challenge for RN-BSN programs is to build these cognitive abilities on the registered nurse's base of earlier educational and occupational experience.

The College Outcomes Measures Project (COMP) Examination

In examining these skills, and their development in RN-BSN students, we have made extensive use of the College Outcome Measures Project (COMP) examination developed in 1977 by American College Testing. The instrument, we believe, possesses several distinct advantages from the study's point of view. First, it seeks to measure basic intellectual skills associated with the general outcomes of undergraduate education, rather than the mastery of content specific to specific curricula or disciplines. According to ACT, the COMP examination purportedly measures outcomes of formal education, rather than types of learning associated with chronological maturation as such. (Our own analysis, however, has raised doubts concerning this assertion.) Finally, and quite important, the six intellectual skills measured by COMP seem to represent central educational outcomes for the practice of professional nursing: functioning in social institutions, using science, using the arts, communicating, solving problems, clarifying values. (See glossary for explanation of each skill.)

Intellectual Skills and Educational Background

As Table 4-1 demonstrates, associate degree and diploma graduates entering the RN-BSN program did not differ significantly on any of the skills measured by COMP when the effects of age and experience were taken into account. (Age, however, seemed to have an independent effect on measures of the ability to function in social institutions, use the arts and communicate.)

Intellectual Skills and Professional Values

While the development of intellectual skills and of professional values represent distinct sets of questions in RN-BSN education, it seemed worth beginning to explore the relationship between these two dimensions. Tables 4-2 through 4-6 contain the results of an analysis in which each COMP scale was dichotomized, and "high" and "low" COMP scorers compared on each of the professional value factors.

One might note a consistent pattern in which individuals scoring higher on each of the COMP measured skills also attached greater value to the four professionalism factors: professional identification, use of knowledge, a holistic approach, and autonomy. Despite the regularity of this trend, however, most individual relationships between specific skills and values did not approach statistical significance. A notable exception, however, is that four intellectual skills -- "functioning in social institutions," "using science," "using the arts," and "communicating" -- accounted for significant portions of variance in the value attached by the study's entering students to autonomy in nursing practice.

A total of forty-four students -- all at the University of Kentucky -- took the COMP examination at both the start and the completion of their RN-BSN programs. A comparison of pretest and postest scores (Table 4-7) suggests that the areas of significant change -- "communicating" and "clarifying

Table 4-1

COMP EXAMINATION SUBSCALE SCORES BY TYPE OF BASIC RN EDUCATION, WITH AGE AND LENGTH OF RN EXPERIENCE CONTROLLED (ENTERING RN-BSN STUDENTS)

			Source of Variation	Sum of Squares	D.F.	Mean Square	F	Significance
	COMP Total Score		**Covariates**	361.39	2	180.70	0.81	N.S.
	Mean	S.D.	Age	161.86	1	161.86	0.73	N.S.
Associate Degree (n=188)	185.83	14.48	Experience	315.98	1	315.98	1.42	N.S.
Diploma (n=53)	189.47	15.57	**Main Effect**					
			Type of RN Education	482.90	1	482.90	2.18	N.S.
			Explained	844.29	3	281.43	1.27	N.S.
			Residual	50,368.50	227	221.88		
			TOTAL	51,212.79	230	222.66		
	Functioning in Social Institutions		**Covariates**	299.08	2	114.54	2.76	N.S.
	Mean	S.D.						
Associate Degree (n=188)	63.96	5.67	Age	173.37	1	173.37	4.18	$p < .05$
			Experience	137.56	1	137.56	3.32	N.S.
Diploma (n=53)	63.91	8.56	**Main Effect**					
			Type of RN Education	2.46	1	2.46	0.06	N.S.
			Explained	231.55	3	77.18	1.86	N.S.
			Residual	9446.19	227	41.48		
			TOTAL	9647.74	230			

Table 4-1, Continued

	Using Science Mean	Using Science S.D.
Associate Degree (n=188)	63.40	7.41
Diploma (n=53)	63.57	9.18

Source of Variation	Sum of Squares	D.F.	Mean Square	F	Significance
Covariates	217.34	2	108.67	1.76	N.S.
Age	133.16	1	133.16	2.16	N.S.
Experience	162.13	1	162.13	2.63	N.S.
Main Effect					
Type of RN Education	0.40	1	0.40	0.01	N.S.
Explained	217.75	3	72.58	1.18	N.S.
Residual	13,999.68	227	61.67		
TOTAL	14,217.43	230	61.82		

	Using the Arts Mean	Using the Arts S.D.
Associate Degree (n=188)	58.38	6.41
Diploma (n=53)	59.02	8.22

Source of Variation	Sum of Squares	D.F.	Mean Square	F	Significance
Covariates	216.59	2	108.30	2.32	N.S.
Age	197.70	1	197.70	4.24	$p < .05$
Experience	83.66	1	83.66	1.79	N.S.
Main Effect					
Type of RN Education	8.23	1	8.23	0.18	N.S.
Explained	224.82	3	74.94	1.61	N.S.
Residual	10,597.16	227	46.68		
TOTAL	10,821.99	230	47.05		

Table 4-1, Continued

	Mean	S.D.	Source of Variation	Sum of Squares	D.F.	Mean Square	F	Significance
	Communicating		Covariates	282.83	2	141.42	2.49	N.S.
	Mean	S.D.	Age	230.87	1	230.87	4.06	$p < .05$
			Experience	149.44	1	149.44	2.63	N.S.
Associate Degree (n=188)	51.36	7.05	Main Effect					
Diploma (n=53)	52.68	8.85	Type of RN Education	70.23	1	70.23	1.23	N.S.
			Explained	353.06	3	117.69	2.07	N.S.
			Residual	12,915.97	227	56.90		
			TOTAL	13,269.04	230	57.69		
	Problem Solving		Covariates	86.34	2	43.17	0.88	N.S.
	Mean	S.D.	Age	14.41	1	14.41	0.30	N.S.
			Experience	86.20	1	86.20	1.77	N.S.
Associate Degree (n=188)	76.96	6.95	Main Effect					
Diploma (n=53)	78.12	7.20	Type of RN Education	39.37	1	39.37	0.81	N.S.
			Explained	125.71	3	41.90	0.86	N.S.
			Residual	11,001.35	227	48.68		
			TOTAL	11,127.06	230	48.59		

Table 4-1, Continued

	Clarifying Values Mean	S.D.
Associate Degree (n=188)	56.76	5.68
Diploma (n=53)	56.56	6.12

Source of Variation	Sum of Squares	D.F.	Mean Square	F	Significance
Covariates	40.39	2	20.19	0.60	N.S.
Age	40.35	1	40.35	1.20	N.S.
Experience	6.50	1	6.50	0.19	N.S.
Main Effect					
Type of RN Education	6.93	1	6.93	0.21	N.S.
Explained	47.82	3	15.77	0.47	N.S.
Residual	7,605.27	227	33.65		
TOTAL	7,652.59	230	33.42		

Table 4-2

PROFESSIONAL VALUE SCORES BY COMP EXAMINATION SCORES

(ENTERING RN-BSN STUDENTS)

	Professionalism Score		Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance
	Mean	S.D.						
Total COMP								
Low (*n*=131)	4.03	.38	Between	2.00	1	2.00	11.72	$p<.01$
High (*n*=126)	4.20	.44	Within	43.49	255	0.17		
Functioning in Social Institutions								
Low (*n*=134)	4.09	.45	Between	0.23	1	0.23	1.27	N.S.
High (*n*=123)	4.15	.39	Within	45.27	255	0.18		
Using Science								
Low (*n*=132)	4.06	.42	Between	0.71	1	0.71	4.68	$p<.05$
High (*n*=125)	4.17	.42	Within	44.78	255	0.18		
Using the Arts								
Low (*n*=128)	4.01	.39	Between	2.62	1	2.62	15.61	$p<.01$
High (*n*=129)	4.22	.43	Within	42.87	255	0.17		
Communicating								
Low (*n*=130)	4.04	.42	Between	1.44	1	1.44	8.33	$p<.01$
High (*n*=127)	4.19	.41	Within	44.05	255	0.17		
Solving Problems								
Low (*n*=131)	4.04	.39	Between	1.70	1	1.70	10.18	$p<.01$
High (*n*= 125)	4.20	.43	Within	42.40	254	0.17		
Clarifying Values								
Low (*n*=131)	4.10	.42	Between	.34	1	.34	1.91	N.S.
High (*n*=126)	4.15	.44	Within	45.90	255	.18		

Table 4-3

"PROFESSIONAL IDENTIFICATION" FACTOR SCORES
BY COMP EXAMINATION SCORES
(ENTERING RN-BSN STUDENTS)

	"Professional Identification" Factor Score							
	Mean	S.D.	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance
Total COMP								
Low (n=131)	-.0825	1.00	Between	0.87	1	.87	.77	N.S.
High (n=125)	.0343	1.13	Within	288.87	254	1.14		
Functioning in Social Institutions								
Low (n=134)	-.0825	1.16	Between	0.92	1	.92	.81	N.S.
High (n=122)	.0372	0.95	Within	288.83	254	1.13		
Using Science								
Low (n=132)	-.0944	1.08	Between	1.28	1	1.28	1.13	N.S.
High (n=124)	.0475	1.05	Within	288.45	254	1.14		
Using the Arts								
Low (n=128)	-.1486	1.09	Between	3.88	1	3.88	3.45	N.S.
High (n=128)	.0976	1.03	Within	285.86	254	1.13		
Communicating								
Low (n=130)	-.0811	1.09	Between	0.81	1	.81	.72	N.S.
High (n=126)	.0319	1.03	Within	288.92	254	1.14		
Solving Problems								
Low (n=131)	-.1086	1.02	Between	2.55	1	2.55	2.35	N.S.
High (n=124)	.0915	1.06	Within	274.06	253	1.08		
Clarifying Values								
Low (n=131)	.0203	.98	Between	.67	1	6.70	.66	N.S.
High (n=125)	-.0629	1.01	Within	256.54	254	1.01		

Table 4-4

"USE OF KNOWLEDGE" FACTOR SCORES
BY COMP EXAMINATION SCORES
(ENTERING RN-BSN STUDENTS)

	"Use of Knowledge" Factor Score							
	Mean	S.D.	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance
Total COMP								
Low (n=131)	-.1794	1.06	Between	12.25	1	13.25	11.99	p<.01
High (n=125)	.2758	1.04	Within	280.70	254	1.11		
Functioning in Social Institutions								
Low (n=134)	.0753	1.16	Between	0.30	1	.30	.26	N.S.
High (n=122)	.0073	.98	Within	293.66	254	1.16		
Using Science								
Low (n=132)	-.0044	1.19	Between	.61	1	.61	.53	N.S.
High (n=124)	.0932	.94	Within	293.35	254	1.16		
Using the Arts								
Low (n=128)	-.1441	1.11	Between	8.95	1	8.95	7.98	p<.01
High (n=128)	.2298	1.00	Within	285.01	254	1.12		
Communicating								
Low (n=130)	-.0539	1.16	Between	2.47	1	2.47	2.16	N.S.
High (n=126)	.1427	.97	Within	291.48	254	1.15		
Solving Problems								
Low (n=131)	-.1327	1.09	Between	7.17	1	7.17	6.56	p<.05
High (n=124)	.2028	1.00	Within	276.65	253	1.07		
Clarifying Values								
Low (n=131)	-.0444	1.01	Between	3.29	1	3.29	3.28	N.S.
High (n=125)	.1401	.98	Within	255.02	254	1.00		

Table 4-5

"HOLISTIC APPROACH" FACTOR SCORES BY COMP EXAMINATION SCORES (ENTERING RN-BSN STUDENTS)

	"Holistic Approach" Factor Scores							
	Mean	S.D.	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	*F*	Significance
Total COMP								
Low (*n*=131)	.0246	.84	Between	0.03	1	.03	.03	N.S.
High (*n*=125)	.0455	1.17	Within	259.73	254	1.02		
Functioning in Social Institutions								
Low (*n*=134)	.0485	1.02	Between	0.06	1	.05	.05	N.S.
High (*n*=122)	.0197	1.00	Within	259.70	254	1.02		
Using Science								
Low (*n*=132)	.0098	1.02	Between	0.17	1	.17	.17	N.S.
High (*n*=124)	.0614	1.01	Within	259.58	254	1.03		
Using the Arts								
Low (*n*=128)	-.0190	.98	Between	0.74	1	.74	.73	N.S.
High (*n*=128)	.0886	1.04	Within	259.01	254	1.02		
Communicating								
Low (*n*=130)	-.0443	1.00	Between	1.61	1	1.61	1.58	N.S.
High (*n*=126)	.1153	1.01	Within	258.15	254	1.02		
Solving Problems								
Low (*n*=131)	.0196	.87	Between	0.33	1	.33	.36	N.S.
High (*n*=124)	.0915	1.05	Within	233.93	253	.93		
Clarifying Values								
Low (*n*=131)	-.0366	.99	Between	1.52	1	1.52	1.53	N.S.
High (*n*=125)	.0889	1.03	Within	253.23	254	1.00		

Table 4-6

"AUTONOMY" FACTOR SCORES
BY COMP EXAMINATION SCORES
(ENTERING RN-BSN STUDENTS)

	"Autonomy" Factor Scores							
	Mean	S.D.	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	*F*	Significance
Total COMP								
Low (*n*=131)	-.1994	.95	Between	6.91	1	6.91	6.50	N.S.
High (*n*=125)	.1342	1.11	Within	270.15	254	1.06		
Functioning in Social Institutions								
Low (*n*=134)	-.2007	1.10	Between	7.82	1	7.82	7.38	p<.01
High (*n*=122)	.1492	.95	Within	269.24	254	1.06		
Using Science								
Low (*n*=132)	-.1775	1.02	Between	5.62	1	5.62	5.25	p<.05
High (*n*=124)	.1188	1.05	Within	271.44	254	1.07		
Using the Arts								
Low (*n*=128)	-.1724	1.00	Between	4.90	1	4.90	4.98	p<.05
High (*n*=128)	.1045	1.01	Within	272.15	254	1.07		
Communicating								
Low (*n*=130)	-.1877	1.02	Between	6.24	1	6.24	5.85	p<.05
High (*n*=126)	.1246	1.05	Within	270.81	254	1.07		
Solving Problems								
Low (*n*=131)	-.1460	1.03	Between	3.75	1	3.75	3.50	N.S.
High (*n*=124)	.0967	1.04	Within	270.96	253	1.07		
Clarifying Values								
Low (*n*=131)	-.0279	.98	Between	1.19	1	1.19	1.17	N.S.
High (*n*=125)	.0828	1.07	Within	258.06	254	1.02		

Table 4-7

CHANGE IN *COMP* EXAMINATION SCORES FROM ENTRY TO GRADUATION

		N	Mean	Standard Deviation	T-Value	Significance (one-tailed)
COMP Total	Entry	44	187.23	13.40	2.54	$p < .01$
	Graduation		192.39	7.60		
Functioning in Social Institutions	Entry	44	64.59	7.60	.04	N.S.
	Graduation		64.50	10.83		
Using Science	Entry	44	63.70	6.47	1.61	N.S.
	Graduation		65.59	8.19		
Using the Arts	Entry	44	59.20	6.54	1.28	N.S.
	Graduation		60.75	5.41		
Communicating	Entry	44	51.84	7.26	2.23	$p < .05$
	Graduation		54.82	7.38		
Solving Problems	Entry	44	77.68	7.30	.17	N.S.
	Graduation		77.50	5.22		
Clarifying Values	Entry	44	56.31	5.11	2.74	$p < .01$
	Graduation		59.59	7.87		

values" -- were those with strongest implications for the interpersonal requirements of professional nursing.

Self-Rating of Competence

In addition to taking the COMP examination, designed to measure a set of basic cognitive skills, participants in the study were asked at entry and graduation to assess their own competence with respect to nine specific practical, applied and interpersonal skills in nursing. For the 107 students who answered these questions at both points in time, Table 4-8 summarizes the percentages of students, at entry and graduation, who rated themselves as having "much competence". For sevenof the nine skills, there seemed to be a significant gain over time during the RN-BSN program in student's self-ratings.

At entry and at graduation, RN-BSN students were also asked to assess their own competence at each of five stages in the nursing process: data collection, assessment, planning, intervention, and evaluation. As Table 4-9 shows, for the 107 students responding at both entry and graduation, there seemed to be a significant gain over time in students' ratings of their own competence in each of the five stages.

Table 4-8

RN-BSN STUDENTS' SELF-RATINGS OF OWN COMPETENCY IN SELECTED SKILLS IN NURSING, AT ENTRY AND AT GRADUATION

(N=107)

	Percent reporting "much competence"					
	At entry	At graduation	Change	Positive Changes	Negative Changes	Significance[a]
Knowledge of nursing facts and specific information	17.1%	28.6%	+11.5%	34	12	$p<.01$
Knowledge of general principles and theories	19.0%	31.4%	+12.4%	37	18	$p<.01$
Ability to analyze & evaluate books & articles	9.5%	23.8%	+14.3%	53	11	$p<.01$
Ability to apply knowledge in specific situations outside the classroom	18.1%	29.5%	+11.4%	36	16	$p<.01$
Technical skills	33.5%	44.8%	+11.3%	27	16	N.S.
Ability to communicate knowledge to others	21.2%	32.7%	+11.5%	40	14	$p<.01$
Willingness to understand others' problems	47.1%	54.8%	+7.7%	27	17	N.S.
Ability to exhibit esteem for others	34.3%	39.0%	+4.7%	30	14	$p<.05$
Ability to accept others' values	31.4%	34.3%	+2.9%	30	14	$p<.05$

[a] Significance of change tested by Sign Test for change in related samples (one-tailed).

Table 4-9

PERCENTAGES OF RN-BSN STUDENTS RATING THEMSELVES "VERY COMPETENT IN STAGES OF THE NURSING PROCESS, AT ENTRY AND GRADUATION

(N=107)

	At Entry	At Graduation	Change	Positive Changes	Negative Changes	Significance[a]
Data Collection	52.5%	87.9%	+37.4%	56	9	$p<.01$
Assessment	45.7%	84.5%	+39.58%	66	6	$p<.01$
Planning	52.4%	85.7%	+33.3%	58	10	$p<.01$
Intervention	51.5%	89.5%	+37.0%	62	7	$p<.01$
Evaluation	47.6%	84.7%	+37.1%	64	8	$p<.01$

[a] Significance of change tested by Sign Test for change in related samples (one-tailed).

Background

The findings summarized in earlier sections of this report provide at least a moderate amount of evidence that certain types of changes have occurred on the part of our study's participating registered nurses during their time of study in a baccalaureate program. Students' own descriptions of critical events during their own educational experience, moreover, support a view in which these changes in values and cognitive skill are accompanied by an increased sense of calling to professional levels of practice -- as described not only by the standards of professional organizations, but also by stated goals and philosophies of the baccalaureate programs themselves. In the final analysis, however, there remains the set of crucial questions surrounding the relationship of these educational outcomes to actual performance in the workplace.

Viewed as a whole, the body of research on the relationship between nurse education and actual practice represents a number of different perspectives which underline the complexity of the question. Knopf (1975) described findings from the National League for Nursing's career study which suggested that baccalaureate graduates were more likely than associate degree graduates or diploma graduates, five years after graduation, to hold administrative or teaching positions, and to work in public health agencies and schools. Associate degree and diploma graduates, in contrast, were more likely to be employed as staff nurses and to work in hospitals. However, as Dennis and Jankin (1979, p. 30-31) noted, it remains unclear whether baccalaureate nurses occupy these positions because of differences in their actual competencies, because of differences in the structure of their motives and values, or because of employers' recruitment mechanisms and promotion policies. Moreover, the role of educational programs in shaping the career paths of their graduates is further complicated when one considers the evidence that different types of nurse education programs have tended to attract recruits who differ in age, socioeconomic status and academic ability.

Several studies have compared the actual performance of graduates of associate degree, diploma, and baccalaureate nurse education programs. Dyer et al. (1972) found that baccalaureate nurses were rated higher by their supervisors in patient care competence, and in qualities such as leadership, creativity, and receptivity to change. Howell (1978) reported a study in which baccalaureate nurses were found by their supervisors to be superior in their thinking skills, while diploma graduates were stronger in their bedside performance. Nelson (1978) found that baccalaureate nurses were rated higher than associate degree or diploma graduates on a supervisory assessment measuring technical, communicative, and administrative competencies.

Despite findings such as these -- and in spite of the American Nurses' Association and National League for Nursing positions on the differentation of practice -- an argument can be made that the distinction between "technical" and "professional" nursing is mirrored imperfectly, at best, in the employment market for nurses and in the structure of their work. Cohen (1981, p. 6-7), for example, has cited research findings which cast doubt on the extent to which employers have seen a correspondence between different educational programs and distinct levels of nursing functions (Kohnke, 1973; Reichow and Scott, 1976). It has been suggested that when the workplace reflects levels of practice, then these distinctions will be clearer.

The central focus of our study, it should be remembered, involves the outcomes of baccalaureate education, and the extent to which these outcomes are linked to a transition on the part of RN-BSN graduates from "technical" to "professional" levels of practice. In examining the performance of our study's RN-BSN graduates in the work setting after graduation, a crucial issue became that of not simply describing that performance, but of comparing RN-BSN graduates' performance to that of graduates of other types of nursing programs holding similar positions in similar agencies. Simply stated, our questions became the following: With respect to what cognitive tasks do graduates of RN-BSN, generic BSN, associate degree, and diploma programs differ in their performance? Where differences exist, does the performance of RN-BSN graduates more closely approach that of their generic BSN counterparts, or of their associate degree and diploma co-workers?

Before we proceed to the findings of this analysis, a word of explanation is in order about the sampling method for this portion of the study. Within the limitations imposed by the study's total duration of three years, it was possible to examine post-graduation performance only for participants who entered the RN-BSN program as full-time students in the study's initial cohort, and who subsequently graduated according to their original schedule. To augment the 64 RN-BSN graduates from this group who responded to the post-graduation task survey, and to provide data for comparison groups with different types of educational preparation, we administered the same task analysis instrument to random samples of registered nurses working in six urban hospitals of varying size and organization, two suburban and one rural hospital, and one urban public health department. These agencies were selected with specific attention to representing the range of employment settings of the 64 RN-BSN graduates of our study's initial cohort. The resulting sample permitted analysis of the task structure of a total of 338 registered nurses holding staff nurse positions: 106 RN-BSN graduates, 69 generic BSN graduates, and 163 graduates of associate degree and diploma programs.

The task analysis questionnaire completed by this group of registered nurses centered on a set of 39 behaviorally stated nursing tasks designed to reflect values, outlooks, and cognitive skills associated with professional levels of nursing practice. Factor analysis of these thirty-nine items suggested that they were, indeed, characterized by six underlying dimensions which correspond to the following conceptual categories: (1) independence in planning, carrying out and evaluating the effectiveness of nursing care; (2) collegiality as a characteristic of one's cooperative relationships with other health care providers; (3) leadership and innovation as characteristics of one's involvement in the development of approaches to health care; (4) community participation in the planning and conducting of health programs and the assessment of health needs; (5) teaching as an element of one's role in the agency and of one's involvement with clients and their families; and (6) performing elements of an advanced professional role in terms of the character of clinical tasks.

In what ways is the performance of RN-BSN graduates characterized by a task structure which differs from that of generic BSN and associate degree graduates holding similar positions in similar settings?

Structure of Tasks Typifying the Job

Table 5-1 shows the percentages of RN-BSN, generic BSN, and non-BSN graduates considering each task to be "highly typical" of what they actually do in their current positions. In the majority of tasks requiring independence, there were no significant differences involving a notable contrast between any of the types of RNs. One task -- "initiating non-prescribed nursing action"-- did discriminate between graduates of different educational programs, with associate degree and diploma graduates less likely than either their generic or RN-BSN counterparts to consider that task "highly typical".

The same table illustrates a pattern in which graduates of the three types of educational programs differ more consistently in the extent to which they describe their jobs as typified by the performance of tasks requiring collegial and cooperative relationships with other health providers. Without exception, graduates of both types of baccalaureate program were more likely than their

Table 5-1

PERCENTAGES OF REGISTERED NURSES IN STAFF NURSE POSITIONS DESCRIBING SELECTED TASKS AS "HIGHLY TYPICAL," BY EDUCATION

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)	
INDEPENDENCE				
"Making decisions which require independent judgment."	77.2	83.8	82.2	
"Evaluating the effectiveness of my own performance independently of the evaluation of physicians or nurse supervisors."	52.5	63.8	56.1	
"Planning nursing care (i.e., defining objectives, establishing priorities, proposing interventions) with freedom from a physician's supervision."	57.8	67.2	64.1	
"Initiating non-prescribed nursing action."	46.9	65.7	64.1	$\chi^2 = 11.52$ $p < .05$ (df=4)
COLLEGIALITY				
"Engaging in an open exchange of ideas and information with physicians."	43.6	52.2	62.6	$\chi^2 = 9.55$ $p < .05$ (df=4)
"Engaging in an open exchange of ideas and information with members of nursing staff."	81.6	92.8	84.1	$\chi^2 = 10.82$ $p < .05$ (df=4)
"Referring clients to appropriate service settings and health care professionals."	17.9	32.4	39.8	$\chi^2 = 16.78$ $p < .01$ (df=4)
"Working in coordination with the services of other members of the health care team."	72.8	76.5	83.7	
"Identifying clients' needs for referral to services provided by other agencies in the community."	25.3	40.8	47.8	$\chi^2 = 15.67$ $p < .01$ (df=4)

Table 5-1, Continued

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)	
"Identifying clients' needs for referral to other health team professionals."	41.4	56.7	52.9	
"Engaging in an open exchange of ideas and information with health care team members."	66.0	73.1	78.8	$\chi^2 = 9.65$ $p < .05$ (df=4)
"Monitoring the outcomes of client referrals to other health team professionals."	13.0	20.0	25.2	
"Developing client care plans which draw on the resources of other professionals."	28.4	41.2	46.6	$\chi^2 = 12.17$ $p < .01$ (df=4)
LEADERSHIP				
"Participating in the development of new approaches to the organization and delivery of health care services."	14.7	20.3	20.6	
"Participating in organized efforts to support legislation favorable to serving the health care needs in the community."	1.2	1.4	4.7	
"Guiding fellow nurses in the interpretation and use of research in nursing."	8.0	1.5	3.7	
"Serving on an agency committee or task force or volunteering for agency projects."	11.7	23.5	25.5	$\chi^2 = 20.66$ $p < .01$ (df=4)
"Guiding other nursing team members in planning, organizing and implementing nursing care."	49.7	44.9	49.5	
"Contributing ideas and information which have an influence on the ways in which health care is provided where I work."	27.2	29.4	45.8	$\chi^2 = 11.66$ $p < .05$ (df=4)

Table 5-1, Continued

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)			
COMMUNITY PARTICIPATION						
"Participating in the planning and development of community based health education programs."	3.1	4.3	8.5			
"Participating in the assessment of community health needs."	1.9	5.9	11.3	$\chi^2 = 5.76$	$p < .01$	(df=4)
"Conducting health screenings for members of the community."	1.2	7.6	12.6	$\chi^2 = 16.90$	$p < .01$	(df=4)
TEACHING						
"Participating in the development and presentation of inservice education for nurses in this agency."	8.0	7.2	21.5	$\chi^2 = 15.61$	$p < .01$	(df=4)
"Instructing clients and their families in methods of preventive self care."	40.1	55.9	55.8	$\chi^2 = 9.52$	$p < .05$	(df=4)
"Explaining physiological or psychological pathology to clients."	48.1	60.3	74.0	$\chi^2 = 26.74$	$p < .01$	(df=4)
"Instructing clients and their families in methods for management and self treatment of diagnosed problems."	41.4	53.7	59.6			
"Assisting clients and their families in dealing with stress."	56.8	57.4	68.3			
ADVANCED PROFESSIONAL ROLE						
"Participating in research in nursing."	3.1	2.9	4.7			
"Developing a nursing diagnosis for each client with freedom from a physician's supervision."	31.5	48.5	53.8	$\chi^2 = 9.52$	$p < .05$	(df=4)

Table 5-1, Continued

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)	
"Conducting nursing assessment (i.e., formulating and validating inferences) with freedom from a physician's supervision."	51.2	66.2	73.1	$\chi^2 = 17.15$ $p<.01$ (df=4)
"Evaluating my nursing interventions in terms of client outcome criteria."	40.4	37.3	42.3	
"Carrying out nursing interventions (i.e., providing care, counseling, making referrals, teaching) with independence from a physician's supervision."	39.8	63.2	61.5	$\chi^2 = 17.21$ $p<.01$ (df=4)
"Implementing a comprehensive nursing care plan based on both short-term and long-term goals for individuals or groups."	37.8	39.7	42.7	
"Performing physical assessments by inspection, palpation, percussion, auscultation techniques."	62.7	51.5	59.2	
"Assessing psychosocial factors affecting the health of both clients and families."	40.1	52.51	62.5	$\chi^2 = 13.91$ $p<.01$ (df=4)
"Adjusting nursing care on the basis of information about clients' value systems."	28.6	38.8	51.0	$\chi^2 = 16.26$ $p<.01$ (df=4)
"Recording the nursing data (i.e., systematically documenting information about the physio-psycho-social components of the individual and/or family)."	52.5	76.1	61.5	

associate degree and diploma counterparts to report that these tasks were highly typical. In most cases, the performance of these tasks was considered more typical by RN-BSN graduates than by generic BSN nurses. For example, 62.6% of the RN-BSN graduates stated that it was highly typical to "(engage) in an open exchange of ideas and information with physicians," compared to 52.2% of the generic BSNs and only 43.6% of the non-baccalaureate nurses. "Identifying clients' needs for referral to services provided by other agencies in the community" was seen as typical by 47.8% of the RN-BSN graduates, 40.8% of the generic BSNs, and 25.3% of the associate degree and diploma graduates. Among the six "collegiality" tasks which discriminated among graduates of the three types programs, only one -- "engaging in an open exchange of ideas and information with members of the nursing staff" -- was considered highly typical by a larger percentage of generic than RN-BSN graduates.

Two of the tasks involving leadership and innovation seemed to discriminate among graduates of different types of education programs. Slightly over one-fourth of the RN-BSN graduates and 23.5% of the generic BSNs reported that their work was typified by "serving on an agency committee or task force, or volunteering for agency project," in contrast to only 11.7% of the non-baccalaureate nurses describing that task as "highly typical". Among the RN-BSNs, 45.8% described their work as typified by "contributing ideas and information which have an influence on the ways in which health care is provided where I work," compared to only 29.4% of the generic BSNs and 27.2% of the associate degree and diploma nurses reporting that task to be "highly typical".

Table 5-1 continues to show a similar pattern with respect to the three tasks requiring community participation. All three tasks were considered "highly typical" by larger proportions of RN-BSNs than of generic graduates, and by larger proportions of both types of baccalaureate nurse than of associate degree and diploma graduates. Two of these tasks ("participating in the assessment of community health needs" and "conducting health screenings for members of the community") discriminated statistically among graduates of the three types of educational programs. It should be noted, however, that these tasks involving community participation were considered typical by relatively few of the respondents, regardless of their educational preparation. The majority of the respondents also held positions in hospitals.

Similarly, the performance of teaching tasks was viewed as more typical among RN-BSN graduates than among generic BSNs, and both groups were more likely than their non-baccalaureate counterparts to consider these tasks highly typical. Seventy-four percent of the RN-BSNs considered "explaining physiological or psychological pathology to clients" to be highly typical of their responsibilities, compared to 60.3% of the generic BSNs and 48.1% of the respondents holding diplomas or associate degrees.

Finally, Table 5-1 compares the percentages of RN-BSN, generic and non-baccalaureate RNs reporting that their jobs are typified by a set of tasks involving elements of advanced professional role. Here, again, these tasks were seen as "highly typical" by larger percentages of baccalaureate than of diploma or associate degree graduates; the percentage of RN-BSN graduates considering each task to be "highly typical" approached or surpassed the percentages of generic BSNs with one exception. For instance, 53.8% of the RN-BSNs and 48.5% of the generic graduates considered it highly typical of their responsibilities to "(develop) a nursing diagnosis for each patient with freedom from a physician's supervison," compared to 31.5% of the non-baccalaureate respondents. Approximately 61% of the RN-BSNs stated that it was highly typical for them to "(carry) out nursing interventions with independence from a physician's supervision," compared to 63.2% of the generic BSNs and 39.8 of the diploma and associate degree graduates. Among RN-BSNs, 62.5% reported "assessing psych-social factors..." to be "highly typical," in contrast to 52.5% of the generic graduates and only 40.1% of the non-baccalaureate nurses. It might be noted, parenthetically, that "participating in research" was described as "highly typical" by fewer than five percent of the graduates of any of the types of educational programs.

Performance Self Rating

It should be remembered, of course, that registered nurses' descriptions of the extent to which selected tasks typify their responsibilities are a vastly different matter than a measure of their actual competency in performing those tasks. In addition, we compared the percentages of these registered nurses who considered themselves proficient in the thirty-nine items of the study's task analysis. These comparisons are summarized in Table 5-2.

As Table 5-2 suggests, RN-BSN and generic graduates seem more likely than non-baccalaureate nurses to consider themselves proficient at tasks involving independent judgment and action. For the one task which discriminated among the three groups, 79% of the RN-BSN graduates reported that they performed "well" or "very well" in "planning nursing care...with freedom from a physician's supervision," compared to 68.7% of the generic BSNs and 60.3% of the associate degree and diploma graduates.

A similar pattern emerged from a comparison of the three groups' self-ratings on tasks requiring collegial relationships. For each of the four tasks which discriminated among graduates of different educational programs, RN-BSNs were more likely than either generic graduates or non-baccalaureate nurses to state that they performed "well" or "very well". For instance, 88.5% of the RN-BSN graduates reported that they performed "well" or "very well" in "working in coordination with the services of other members of the health care team," compared to 72.1% of the generic graduates and 68.8% of the non-baccalaureate nurses. In "developing client care plans which draw on the resources of other

Table 5-2

PERCENTAGES OF REGISTERED NURSES IN STAFF NURSE POSITIONS STATING THAT THEY PERFORM SELECTED TASKS "WELL" OR "VERY WELL," BY EDUCATION

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)	
INDEPENDENCE				
"Making decisions which require independent judgment."	72.2%	79.4%	83.3%	
"Evaluating the effectiveness of my own performance independently of the evaluation of physicians or nurse supervisors."	58.7%	72.1%	61.5%	
"Planning nursing care (i.e., defining objectives, establishing priorities, proposing interventions) with freedom from a physician's supervision."	60.3%	68.7%	79.0%	$\chi^2=9.71$ $p<.01$ (df=2)
"Initiating non-prescribed nursing action."	54.5%	58.2%	68.6%	
COLLEGIALITY				
"Engaging in an open exchange of ideas and information with physicians."	52.6%	53.0%	69.8%	
"Engaging in an open exchange of ideas and information with members of nursing staff."	80.2%	88.2%	79.8%	
"Referring clients to appropriate service settings and health care professionals."	21.1%	30.5%	34.1%	
"Working in coordination with the services of other members of the health care team."	68.8%	72.1%	88.5%	$\chi^2=13.86$ $p<.01$ (df=2)
"Identifying clients' needs for referral to services provided by other agencies in the community."	26.2%	37.9%	50.6%	$\chi^2=13.65$ $p<.01$ (df=2)

Table 5-2, Continued

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)	
"Identifying clients' needs for referral to other health team professionals."	34.7%	50.8%	55.7%	χ^2=11.49 p<.01 (df=2
"Engaging in an open exchange of ideas and information with health care team members."	69.2%	73.1%	77.1%	
"Monitoring the outcomes of client referrals to other health team professionals."	17.3%	16.7%	31.2%	
"Developing client care plans which draw on the resources of other professionals."	38.7%	31.8%	57.6%	χ^2=12.41 p<.01 (df=2)
LEADERSHIP				
"Participating in the development of new approaches to the organization and delivery of health care services."	21.3%	20.8%	40.0%	χ^2=9.42 p<.01 (df=2)
"Participating in organized efforts to support legislation favorable to serving the health care needs in the community."	9.4%	5.3%	7.5%	
"Guiding fellow nurses in the interpretation and use of research in nursing."	14.8%	5.7%	21.2%	
"Serving on an agency committee or task force or volunteering for agency projects."	27.5%	33.3%	31.3%	
"Guiding other nursing team members in planning, organizing and implementing nursing care."	48.4%	43.3%	56.4%	
"Contributing ideas and information which have an influence on the ways in which health care is provided where I work."	35.1%	32.8%	53.0%	χ^2=9.89 p<.01 (df=2)

Table 5-2, Continued

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)	
COMMUNITY PARTICIPATION				
"Participating in the planning and development of community based health education programs."	5.1%	15.8%	27.0%	$\chi^2=6.85$ $p<.05$ (df=2)
"Participating in the assessment of community health needs."	9.8%	9.1%	20.0%	
"Conducting health screenings for members of the community."	2.5%	4.5%	14.2%	$\chi^2=11.08$ $p<.01$ (df=2)
TEACHING				
"Participating in the development and presentation of inservice education for nurses in this agency."	20.0%	26.5%	45.5%	$\chi^2=12.27$ $p<.01$ (df=2)
"Instructing clients and their families in methods of preventive self care."	44.3%	53.0%	63.9%	$\chi^2=9.09$ $p<.05$ (df=2)
"Explaining physiological or psychological pathology to clients."	49.3%	55.9%	73.8%	$\chi^2=15.25$ $p<.01$ (df=2)
"Instructing clients and their families in methods for management and self treatment of diagnosed problems."	47.3%	61.2%	68.0%	$\chi^2=10.96$ $p<.01$ (df=2)
"Assisting clients and their families in dealing with stress."	53.5%	53.7%	66.0%	
ADVANCED PROFESSIONAL ROLE				
"Participating in research in nursing."	16.7%	9.7%	13.5%	
"Developing a nursing diagnosis for each client with freedom from a physician's supervision."	38.3%	41.5%	64.7%	$\chi^2=17.81$ $p<.01$ (df=2)

Table 5-2, Continued

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)			
"Conducting nursing assessment (i.e., formulating and validating inferences) with freedom from a physician's supervision."	59.1%	70.6%	77.6%	$\chi^2 = 10.09$	$p < .01$	(df=2)
"Evaluating my nursing interventions in terms of client outcome criteria."	40.6%	33.8%	48.0%			
"Carrying out nursing interventions (i.e., providing care, counseling, making referrals, teaching) with independence from a physician's supervision."	50.0%	71.6%	69.0%	$\chi^2 = 13.26$	$p < .01$	(df=2)
"Implementing a comprehensive nursing care plan based on both short-term and long-term goals for individuals or groups."	30.8%	37.3%	48.9%	$\chi^2 = 7.33$	$p < .01$	(df=2)
"Performing physical assessments by inspection, palpation, percussion, auscultation techniques."	60.4%	50.0%	68.7%			
"Assessing psychosocial factors affecting the health of both clients and families."	36.7%	54.7%	69.7%	$\chi^2 = 13.65$	$p < .01$	(df=2)
"Adjusting nursing care on the basis of information about clients' value systems."	30.8%	45.3%	52.5%	$\chi^2 = 12.18$	$p < .01$	(df=2)
"Recording the nursing data (i.e., systematically documenting information about the physio-psycho-social components of the individual and/or family)."	43.9%	61.2%	64.4%	$\chi^2 = 11.81$	$p < .01$	(df=2)

professionals," 57.6% of the RN-BSNs described themselves as proficient, compared to 38.7% of the non-baccalaureate nurses and 31.8% of the generics.

This pattern also typified the groups' self-ratings for the performance of tasks involving leadership and innovation. For the two tasks which discriminated among graduates of the three types of programs, RN-BSN graduates were more likely than either generic BSNs or non-baccalaureate nurses to consider themselves proficient. For example, 40% of the RN-BSN graduates, compared to 20.8% of the generic BSNs and 21.3% of the non-baccalaureate nurses, stated that they performed "well" or "very well" in "participating in the development of new approaches to the organization and delivery of nursing care." Similarly, 53% of the RN-BSNs considered themselves proficient in "contributing ideas and information which have an influence on the ways in which health care is provided where I work," compared to 32.8% of the generic BSNs and 35.1% of the associate degree and diploma graduates.

RN-BSN graduates were more likely than either generic BSNs or non-baccalaureate nurses to consider themselves proficient in the three tasks involving community participation, and in the five tasks involving teaching. For example, 63.9% of the RN-BSNs reported that they performed "well" or "very well" at "instructing clients and their families in methods of preventive self care," in contrast to 53% of the generic BSNs and 44.3% of the diploma and associate degree nurses.

A similar pattern emerged in nurses' ratings of their own proficiency in tasks constituting elements of an advanced professional role. Seven tasks seemed to discriminate between the self-ratings of graduates of the three types of educational program. In each case, RN-BSN graduates were more likely than non-baccalaureate nurses to consider themselves proficient; with the exception of one task ("carrying out nursing interventions...with independence from a physician's supervision"), they were also more likely than generic BSNs to state that they performed these tasks "well" or "very well". For example, 48.9% of the RN-BSNs considered themselves proficient in "implementing a comprehensive nursing care plan based on both short-term and long-term goals...," compared to 37.3% of the generic graduates and 30.8% of the diploma and associate degree nurses. Over 64% of the RN-BSN graduates stated that they performed "well" or "very well" in "developing a nursing diagnosis for each client with freedom from a physician's supervision," in contrast to 41.5% of the generic BSNs and 38.3% of the non-baccalaureate nurses.

Importance Attached to Performance of Tasks

It should be clear that an important aim of baccalaureate nurse education is not only to equip individuals with the analytic and clinical skills required for professional nursing, but also to promote an outlook which attaches value to the use of those skills. Hoping to examine whether this outcome is reflected in the beliefs of graduates in the work setting, we asked respondents to assess the importance they attached to each of the thirty-nine tasks. The percentages of graduates from each type of educational program who described each task as "very important" are summarized in Table 5-3.

No clear patterns seem to distinguish the importance attached by graduates of the three types of programs to performing the set of tasks requiring independence. It might be noted that, with one exception, each of these tasks was considered "very important" by over eighty percent of the individuals in each educational group.

Among the tasks requiring collegial and cooperative interprofessional relationships, two seemed to discriminate among the groups of graduates of different programs; in each case, RN-BSN graduates were more likely than either generic BSNs or diploma and associate degree graduates to consider that task "very important". Sixty-six percent of the RN-BSN considered it "very important"

Table 5-3

PERCENTAGES OF REGISTERED NURSES IN STAFF NURSE POSITIONS DESCRIBING SELECTED TASKS AS "VERY IMPORTANT," BY EDUCATION

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)	
INDEPENDENCE				
"Making decisions which require independent judgment."	86.9%	95.4%	91.6%	
"Evaluating the effectiveness of my own performance independently of the evaluation of physicians or nurse supervisors."	83.6%	78.8%	84.1%	
"Planning nursing care (i.e., defining objectives, establishing priorities, proposing interventions) with freedom from a physician's supervision."	81.0%	95.4%	88.7%	
"Initiating non-prescribed nursing action."	89.8%	93.8%	86.8%	
COLLEGIALITY				
"Engaging in an open exchange of ideas and information with physicians."	81.3%	77.3%	86.0%	
"Engaging in an open exchange of ideas and information with members of nursing staff."	91.3%	90.9%	92.5%	
"Referring clients to appropriate service settings and health care professionals."	39.5%	40.9%	64.2%	$\chi^2=29.68$ $p<.01$ (df=6)
"Working in coordination with the services of other members of the health care team."	83.5%	83.3%	88.7%	
"Identifying clients' needs for referral to services provided by other agencies in the community."	51.0%	53.8%	63.2%	

Table 5-3, Continued

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)		
"Identifying clients' needs for referral to other health team professionals."	58.9%	63.1%	75.5%		
"Engaging in an open exchange of ideas and information with health care team members."	89.8%	93.8%	86.6%		
"Monitoring the outcomes of client referrals to other health team professionals."	39.5%	30.8%	48.1%		
"Developing client care plans which draw on the resources of other professionals."	53.8%	62.1%	66.0%	χ^2=13.07	p<.05 (df=6)
LEADERSHIP					
"Participating in the development of new approaches to the organization and delivery of health care services."	38.4%	31.8%	57.4%	χ^2=28.06	p<01 (df=6)
"Participating in organized efforts to support legislation favorable to serving the health care needs in the community."	19.1%	12.1%	31.5%	χ^2=16.56	p<.01 (df=6)
"Guiding fellow nurses in the interpretation and use of research in nursing."	22.2%	10.8%	27.8%		
"Serving on an agency committee or task force or volunteering for agency projects."	15.7%	9.1%	25.0%	χ^2=14.36	p<.01 (df=6)
"Guiding other nursing team members in planning, organizing and implementing nursing care."	65.4%	59.1%	68.5%		
"Contributing ideas and information which have an influence on the ways in which health care is provided where I work."	70.9%	68.2%	78.9%		

Table 5-3, Continued

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)		
COMMUNITY PARTICIPATION					
"Participating in the planning and development of community based health education programs."	11.9%	12.3%	32.4%	$\chi^2=26.84$	$p<.01$ (df=6)
"Participating in the assessment of community health needs."	13.3%	12.3%	26.6%	$\chi^2=13.89$	$p<.05$ (df=6)
"Conducting health screenings for members of the community."	10.9%	10.9%	25.5%	$\chi^2=24.03$	$p<.01$ (df=6)
TEACHING					
"Participating in the development and presentation of inservice education for nurses in this agency."	25.2%	24.2%	41.7%	$\chi^2=13.10$	$p<.05$ (df=6)
"Instructing clients and their families in methods of preventive self care."	69.6%	86.4%	79.2%		
"Explaining physiological or psychological pathology to clients."	66.9%	80.3%	74.3%		
"Instructing clients and their families in methods for management and self treatment of diagnosed problems."	70.3%	90.9%	78.3%	$\chi^2=12.97$	$p<.05$ (df=6)
"Assisting clients and their families in dealing with stress."	82.8%	77.3%	85.7%		
ADVANCED PROFESSIONAL ROLE					
"Participating in research in nursing."	16.6%	15.2%	32.4%	$\chi^2=15.79$	$p<.05$ (df=6)
"Developing a nursing diagnosis for each client with freedom from a physician's supervision."	58.9%	72.7%	70.5%	$\chi^2=14.02$	$p<.05$ (df=6)

Table 5-3, Continued

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)
"Conducting nursing assessment (i.e., formulating and validating inferences) with freedom from a physician's supervision."	79.6%	89.4%	90.5%
"Evaluating my nursing interventions in terms of client outcome criteria."	67.3%	62.1%	64.2%
"Carrying out nursing interventions (i.e., providing care, counseling, making referrals, teaching) with independence from a physician's supervision."	79.1%	90.9%	86.8%
"Implementing a comprehensive nursing care plan based on both short-term and long-term goals for individuals or groups."	52.3%	53.0%	53.8%
"Performing physical assessments by inspection, palpation, percussion, auscultation techniques."	79.0%	75.8%	71.7%
"Assessing psychosocial factors affecting the health of both clients and families."	69.2%	78.5%	78.3%
"Adjusting nursing care on the basis of information about clients' value systems."	61.5%	69.2%	73.6%
"Recording the nursing data (i.e., systematically documenting information about the physio-psycho-social components of the individual and/or family)."	73.9%	81.5%	71.7%

to "(develop) client care plans which draw on the resources of other professionals," compared to 62.1% of the generic BSN graduates and 53.8% of the non-baccalaureate nurses. "Referring clients to appropriate service settings and health care professionals" was viewed as "very important" by 64.2% of the RN-BSNs, compared to only 40.9% of the generic BSNs and 39.5% of the associate degree and diploma graduates.

Similarly, RN-BSNs seemed to attach greater importance than either generic BSNs or non-baccalaureate nurses to performing tasks which involve leadership and innovation. "Participating in the development of new approaches to the organization and delivery of health care services" was considered "very important" by 57.4% of the RN-BSN graduates, a significantly greater portion than for the other groups. Over 31% of the RN-BSNs considered it "very important" to "(participate) in organized efforts to support legislation favorable to serving the health care needs in the community," compared to 12.1% of the generic BSNs and 19.1% of the diploma and associate degree graduates. Twenty-five percent of the RN-BSNs reported that "serving on an agency committee or task force or volunteering for agency projects" was "very important," compared to only 9.1% of the generic BSN graduates and 15.7% of the diploma and associate degree graduates.

The study's RN-BSN graduates were more than twice as likely as their generic BSN counterparts or the non-baccalaureate nurses to attach importance to each of the three tasks involving community participation. Importance attached to the performance of teaching tasks by graduates of the three types of programs, however, presented patterns which are less clear. RN-BSN graduates seemed more likely than generic BSNs and diploma or associate degree graduates to attach importance to the development and presentation of inservice education. However, a smaller percentage of RN-BSN graduates (78.3%) than of generic BSNs (90.9%) responded that it was "very important" to "(instruct) clients and their families in methods for management and self-treatment of diagnosed problems."

There seemed to be fewer striking contrasts among graduates of the three types of programs in the importance they attached to performing the set of tasks associated with advanced professional roles. Graduates of both types of baccalaureate program were more likely than diploma and associate degree graduates to consider it "very important" to "(develop) a nursing diagnosis for each client with freedom from a physician's supervision." It seems noteworthy that "participating in research in nursing" was considered "very important" by far fewer respondents, regardless of education, than any other of these advanced professional tasks. From the standpoint of the educational aims of baccalaureate programs in general, it also seems interesting that 32.4% of the RN-BSNs, but only 15.2% of the generic BSN graduates, attached importance to participating in research.

Perceived Requirements for the Performance of Tasks

Until this point, we have compared nurses of three types of educational preparation with respect to the structure of tasks they consider typical of what they actually do in their current jobs, with respect to their assessment of their own competence in performing these tasks, and with respect to the importance they personally attach to performing these tasks. While the results of this analysis have revealed a number of varying patterns, it seems accurate to state that there have been two general and consistent trends. First, graduates of the two types of baccalaureate programs -- generic and RN-BSN -- seem to resemble each other more closely than either group resembles a pool of associate degree and diploma nurses holding similar positions in similar agencies. Second, the RN-BSN graduates seem to approach -- and in many cases exceed -- their generic BSN counterparts in the extent to which they report that their jobs are typified by tasks requiring baccalaureate skills, in the extent to which they believe themselves competent in performing these tasks, and in the personal importance they attach to performing these tasks. However, the work performed by registered nurses reflects not only their values and skills, but also the formal and informal requirements and expectations imposed in the organizations where nurses work. From the viewpoint of this study's purposes, it seemed important to ask respondents whether they were "prohibited," "discouraged," "permitted," "encouraged" or "required" to perform each task. As Table 5-4 illustrates, the results suggest that registered nurses with different types of educational preparation vary in the requirements they perceive -- if not necessarily experience -- for the performance of formally similar jobs.

RN-BSN graduates seemed less likely than generic BSNs to believe that they were expected or required to perform tasks requiring independent judgment and action. For example, 67.9% of the RN-BSN graduates reported that they were expected or required to "(initiate) non-prescribed nursing action," compared to 75.8% of the generic BSNs. Similarly, RN-BSNs were less likely than generic graduates to report that they were expected to perform tasks involving collegial relationships, or that they were expected or required to perform leadership tasks. For instance, 42.5% of the RN-BSN graduates, compared to 59.7% of the generic BSNs, responded that they were expected or required to "(contribute) ideas and information which have an influence on the ways in which health care is provided where I work."

RN-BSN graduates were also less likely than generic BSNs to report that they were expected or required to perform teaching tasks, or to perform tasks representing advanced professional role elements. For example, 67.9% of the RN-BSNs stated that they were expected or required to "(explain) physiological or psychological pathology to clients," in contrast to 80.6% of the generic graduates. Compared to 95.5% of the generic BSNs, only 75.5% of the RN-BSN graduates reported that they were expected or required to "(implement) a comprehensive nursing care plan based on both short-term and long-term goals..."

Table 5-4

PERCENTAGES OF REGISTERED NURSES STATING THAT THEY ARE "ENCOURAGED" OR "REQUIRED" TO PERFORM SELECTED TASKS, BY EDUCATION

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)		
INDEPENDENCE					
"Making decisions which require independent judgment."	73.6%	88.1%	75.2%		
"Evaluating the effectiveness of my own performance independently of the evaluation of physicians or nurse supervisors."	69.8%	73.1%	62.4%		
"Planning nursing care (i.e., defining objectives, establishing priorities, proposing interventions) with freedom from a physician's supervision."	76.3%	89.4%	77.4%	χ^2=11.59	$p<.05$ (df=4)
"Initiating non-prescribed nursing action."	55.6%	75.8%	67.9%	χ^2=9.75	p .05 (df=4)
COLLEGIALITY					
"Engaging in an open exchange of ideas and information with physicians."	69.4%	71.6%	64.2%		
"Engaging in an open exchange of ideas and information with members of nursing staff."	88.3%	88.1%	82.6%		
"Referring clients to appropriate service settings and health care professionals."	24.4%	59.7%	42.5%	χ^2=13.20	p .01 (df=4)
"Working in coordination with the services of other members of the health care team."	85.7%	88.1%	83.0%		
"Identifying clients' needs for referral to services provided by other agencies in the community."	51.9%	69.7%	58.1%		

Table 5-4, continued

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)	
"Identifying clients' needs for referral to other health team professionals."	59.1%	75.8%	61.3%	
"Engaging in an open exchange of ideas and information with health care team members."	82.0%	86.4%	76.4%	
"Monitoring the outcomes of client referrals to other health team professionals."	39.6%	53.8%	34.6%	
"Developing client care plans which draw on the resources of other professionals."	73.9%	79.2%	76.4%	
LEADERSHIP				
"Participating in the development of new approaches to the organization and delivery of health care services."	44.6%	44.8%	45.9%	
"Participating in organized efforts to support legislation favorable to serving the health care needs in the community."	15.2%	22.7%	15.9%	
"Guiding fellow nurses in the interpretation and use of research in nursing."	31.8%	25.8%	23.4%	
"Serving on an agency committee or task force or volunteering for agency projects."	43.5%	40.9%	50.0%	
"Guiding other nursing team members in planning, organizing and implementing nursing care."	77.9%	76.1%	75.2%	
"Contributing ideas and information which have an influence on the ways in which health care is provided where I work."	34.4%	59.7%	42.5%	χ^2=13.20 p<.05 (df=4)

Table 5-4, continued

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)	
COMMUNITY PARTICIPATION				
"Participating in the planning and development of community based health education programs."	21.3%	21.0%	18.4%	
"Participating in the assessment of community health needs."	18.8%	22.2%	16.5%	
"Conducting health screenings for members of the community."	13.9%	15.9%	16.2%	
TEACHING				
"Participating in the development and presentation of inservice education for nurses in this agency."	57.5%	56.7%	55.0%	
"Instructing clients and their families in methods of preventive self care."	63.5%	76.1%	67.0%	
"Explaining physiological or psychological pathology to clients."	57.9%	80.6%	67.9%	$\chi^2=14.88$ $p<.01$ (df=4)
"Instructing clients and their families in methods for management and self treatment of diagnosed problems."	63.1%	79.1%	64.2%	
"Assisting clients and their families in dealing with stress."	73.3%	80.6%	72.6%	
ADVANCED PROFESSIONAL ROLE				
"Participating in research in nursing."	30.1%	31.8%	25.2%	
"Developing a nursing diagnosis for each client with freedom from a physician's supervision."	50.6%	76.1%	66.0%	$\chi^2=16.24$ $p<.01$ (df=4)

Table 5-4, Continued

	Non-BSN (n=163)	Generic BSN (n=69)	RN-BSN (n=106)			
"Conducting nursing assessment (i.e., formulating and validating inferences) with freedom from a physician's supervision."	65.8%	88.1%	77.4%	$\chi^2 = 12.03$	$p < .05$	(df=4)
"Evaluating my nursing interventions in terms of client outcome criteria."	67.3%	73.1%	60.4%			
"Carrying out nursing interventions (i.e., providing care, counseling, making referrals, teaching) with independence from a physician's supervision."	58.1%	79.1%	67.0%	$\chi^2 = 11.79$	$p < .05$	(df=4)
"Implementing a comprehensive nursing care plan based on both short-term and long-term goals for individuals or groups."	76.4%	95.5%	75.5%	$\chi^2 = 12.72$	$p < .05$	(df=4)
"Performing physical assessments by inspection, palpation, percussion, auscultation techniques."	77.6%	80.6%	69.8%			
"Assessing psychosocial factors affecting the health of both clients and families."	63.1%	81.8%	70.8%			
"Adjusting nursing care on the basis of information about clients' value systems."	55.8%	71.2%	66.0%			
"Recording the nursing data (i.e., systematically documenting information about the physio-psychosocial components of the individual and/or family)."	82.3%	97.0%	77.4%	$\chi^2 = 12.43$	$p < .05$	(df=4)

It should be remembered that these comparisons involve registered nurses' own perceptions of expectations for their performance, rather than actual measures of institutional requirements, formal or otherwise. Still, it seems worth noting that while RN-BSN graduates are generally as likely as generic BSNs in similar jobs to consider themselves competent in a set of nursing tasks reflecting baccalaureate nursing skills, and to attach personal importance to performing those tasks, the RN-BSNs also seemed less likely to perceive those tasks as expectations for their performance. It also seems interesting that RN-BSN graduates seemed, on the whole, to be at least as likely as their generic BSN counterpart to report that their jobs were typified by the actual performance of these tasks, regardless of perceived requirements.

In order to simplify the detail of these task-by-task analyses, it seemed reasonable to construct sets of scales representing composite scores for each cluster of tasks (independence; collegiality; leadership; community participation; teaching; advance professional role) on separate dimensions of the task analysis (typicalness of tasks; perceived competence in performing tasks; perceived quality of educational preparation for performing tasks; personal importance of performing tasks; permission to perform tasks). The Cronbach-alpha reliability coefficients of these subscales are shown in the matrix of Table 5-5.

Table 5-5

CRONBACH-ALPHA RELIABILITY COEFFICIENTS FOR TASK ANALYSIS SUBSCALES

	Task Scales				
Task Clusters	"How Typical?"	"How well performed?"	"How well prepared?"	"How important?"	"What extent permitted?"
Independence	.58	.70	.66	.53	.69
Collegiality	.81	.83	.84	.78	.86
Leadership	.67	.74	.79	.76	.76
Community Participation	.78	.83	.82	.87	.76
Teaching	.74	.77	.74	.65	.81
Advanced Professional Role	.81	.85	.85	.78	.87

Figures 5-1 through 5-6 illustrate comparisons RN-BSN and generic BSN graduates' mean scores on this set of task structure subscales. Figure 5-1, for example, shows no significant differences between graduates from the two types of baccalaureate programs with respect to the scales measuring performance of the cluster of tasks requiring independent judgment: to what extent their jobs are typified by that constellation of tasks; to what extent they consider themselves proficient at that set of tasks as a whole; how well they believe they were prepared to perform that cluster of tasks; the amount of personal importance they attach to performing those tasks; the extent to which they state that they are permitted to perform that cluster of tasks.

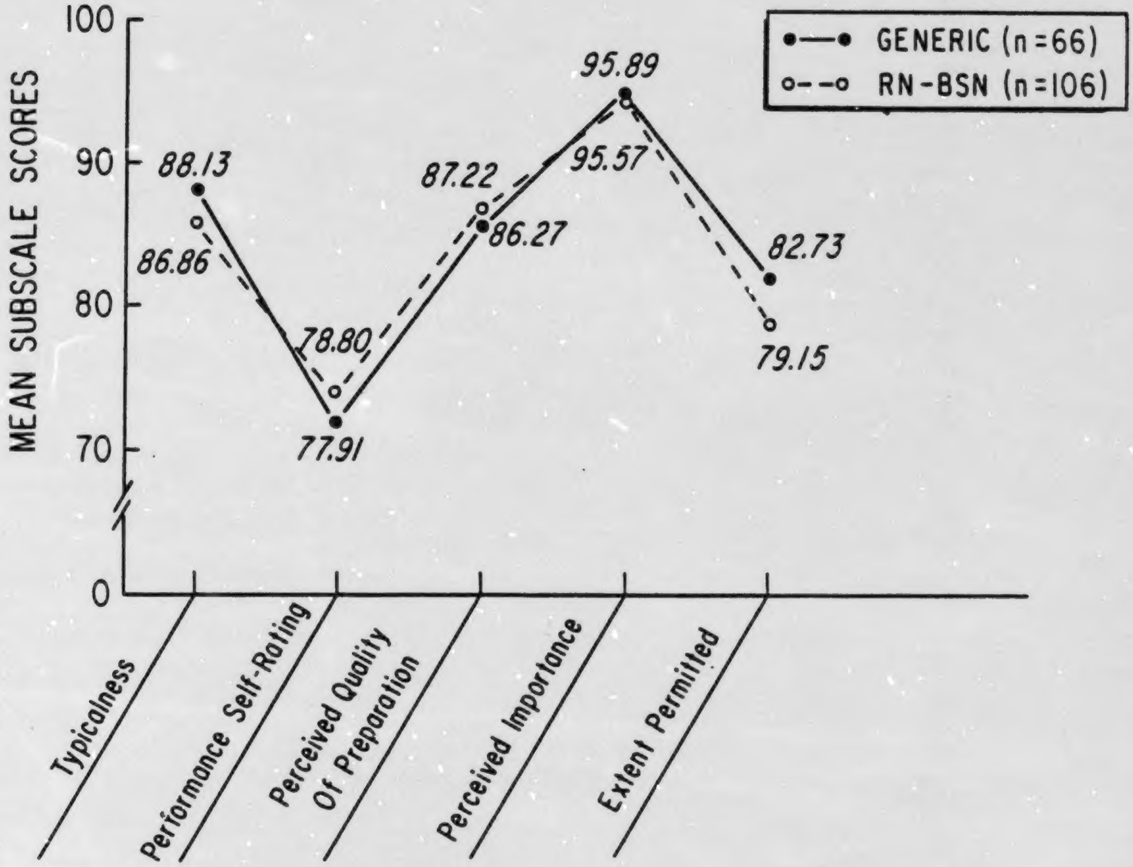
Figure 5-2 represents the same set of comparisons between RN-BSN and generic graduates for the cluster of tasks requiring collegial relationships. While there were no appreciable differences between RN-BSNs and generic BSNs in the typicalness or importance they ascribed to that set of tasks, or in their ratings of their own ability to perform those tasks, generic graduates were significantly more likely to report that they were encouraged or required to perform those tasks. (Estimates of significance for these comparisons of RN-BSNs' and generics' mean scores are based on the F-ratio in an analysis of covariance design which takes into account the effect of differences in length of nursing experience.)

Figure 5-3 summarizes the comparisons between the two types of baccalaureate graduates with respect to tasks requiring leadership and innovation. RN-BSN graduates seem to attach greater importance than generic BSNs to performing those tasks, and to consider themselves more highly proficient.

In Figure 5-4, one finds evidence that RN-BSN graduates, compared to generic BSNs, consider themselves more capable of performing nursing tasks which involve community participation, that they are more likely to consider themselves well-prepared, and that they attach greater importance to performing those tasks.

Figure 5-1

ROLE STRUCTURE OF GENERIC & RN-BSNs IN STAFF POSITIONS
PERFORMANCE OF TASKS REQUIRING:
INDEPENDENT JUDGMENT



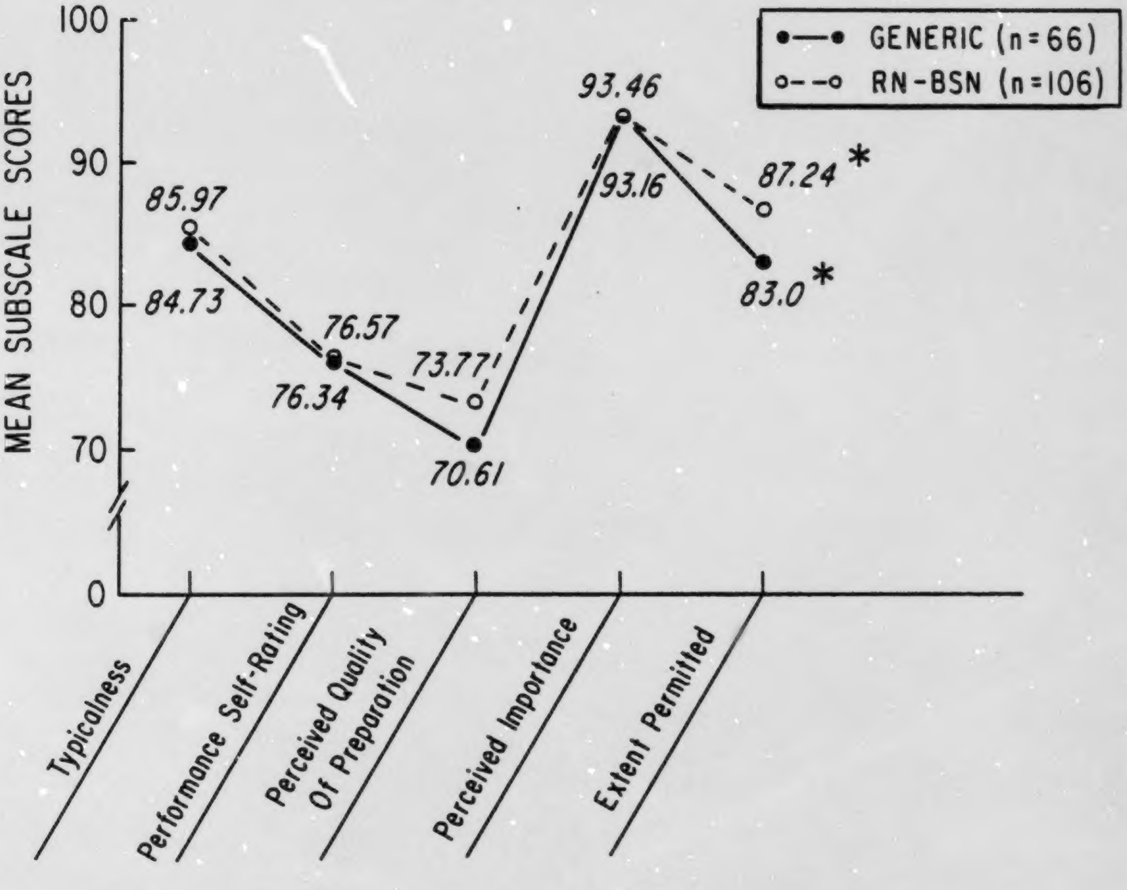
Significance estimate based on F-ratio for type of education as main effect in ANCOVA, adjusting for the effect of length of nursing experience

Figure 5-2

ROLE STRUCTURE OF GENERIC & RN-BSNs IN STAFF POSITIONS

PERFORMANCE OF TASKS REQUIRING:

COLLEGIAL RELATIONSHIPS



* *Difference between generics and RN-BSNs significant at $p < .05$*

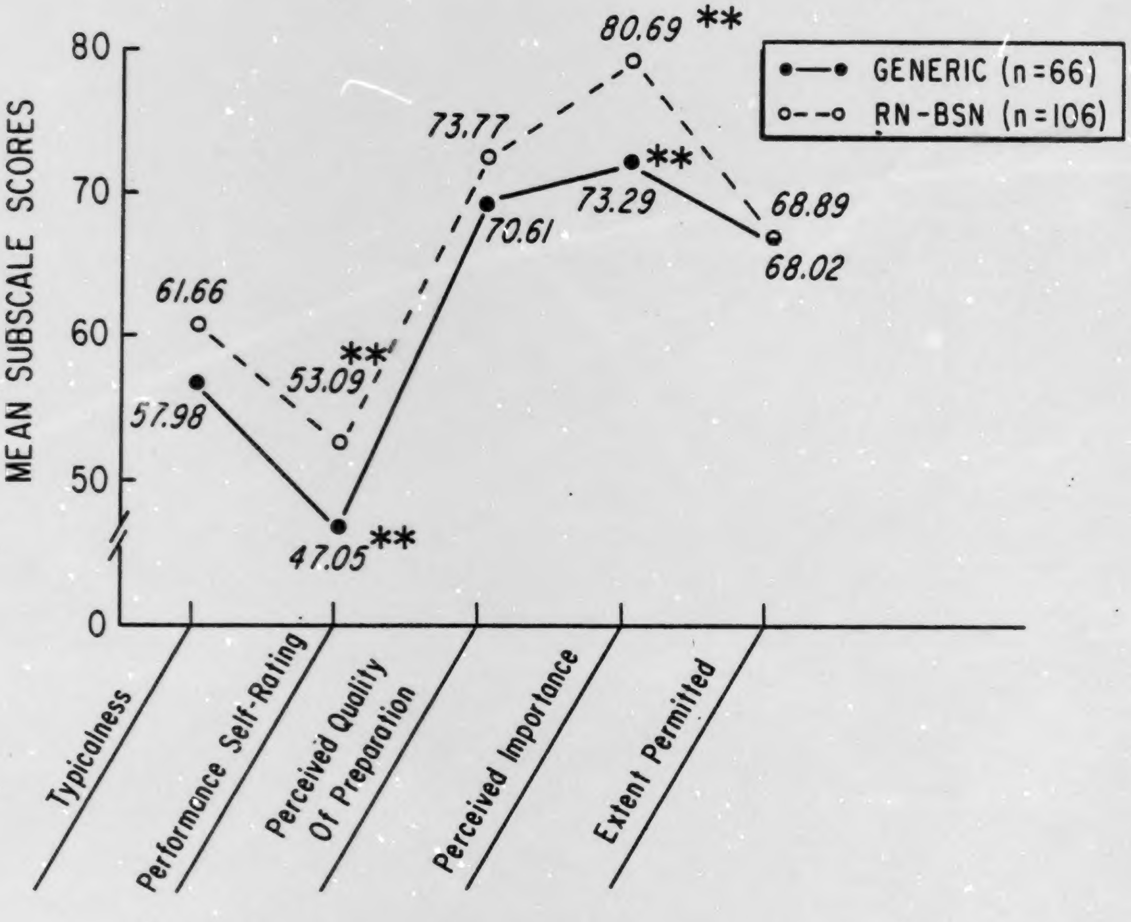
Significance estimate based on F-ratio for type of education as main effect in ANCOVA, adjusting for the effect of length of nursing experience

Figure 5-3

ROLE STRUCTURE OF GENERIC & RN-BSNs IN STAFF POSITIONS

PERFORMANCE OF TASKS REQUIRING:

LEADERSHIP & INNOVATION

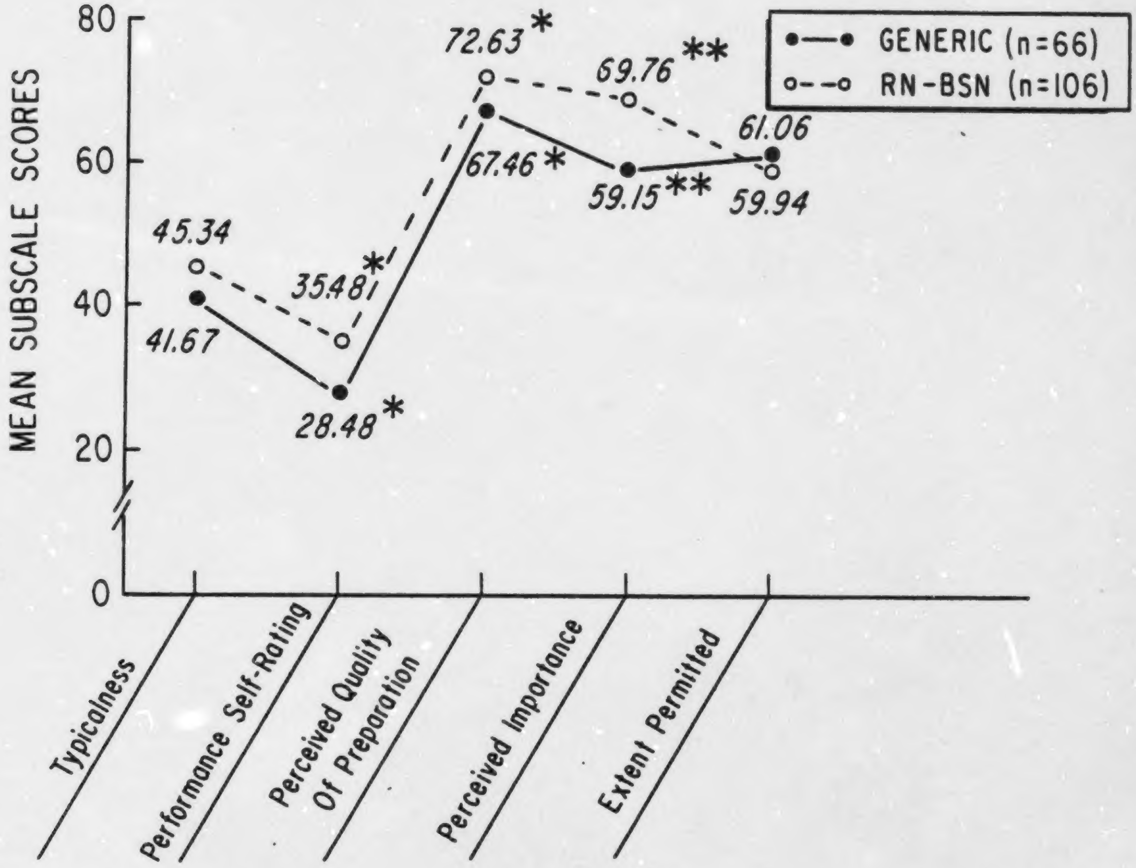


***Difference between generics and RN-BSNs significant at $p < .01$*

Significance estimate based on F-ratio for type of education as main effect in ANCOVA, adjusting for the effect of length of nursing experience

Figure 5-4

ROLE STRUCTURE OF GENERIC & RN-BSNs IN STAFF POSITIONS
PERFORMANCE OF TASKS REQUIRING:
COMMUNITY PARTICIPATION



**Difference between generics and RN-BSNs significant at p<.05*

***Difference between generics and RN-BSNs significant at p<.01*

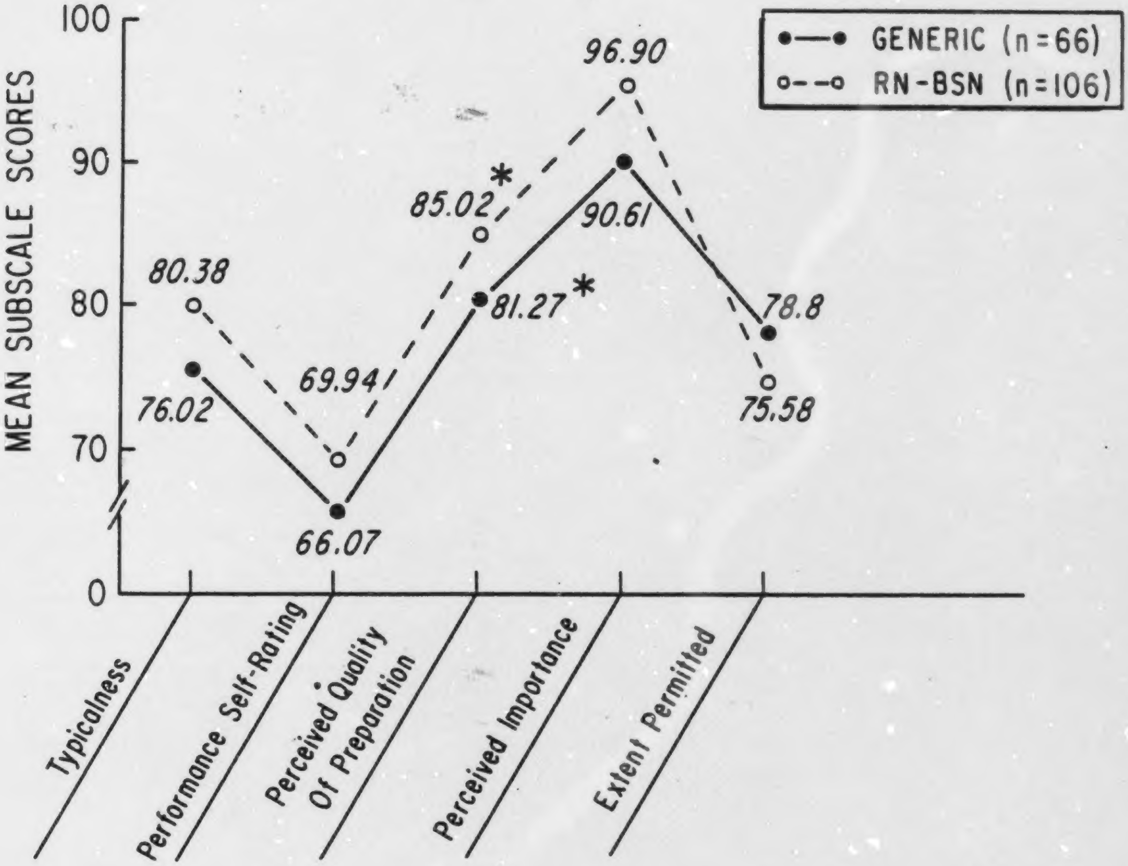
Significance estimate based on F-ratio for type of education as main effect in ANCOVA, adjusting for the effect of length of nursing experience

Figure 5-5

ROLE STRUCTURE OF GENERIC & RN-BSNs IN STAFF POSITIONS

PERFORMANCE OF TASKS REQUIRING:

TEACHING



**Difference between generics and RN-BSNs significant at p<.05*

Significance estimate based on F-ratio for type of education as main effect in ANCOVA, adjusting for the effect of length of nursing experience

A similar set of comparisons is illustrated in Figure 5-5 for the cluster of teaching tasks, with RN-BSN graduates having reported significantly more positive perceptions of the quality of their preparation.

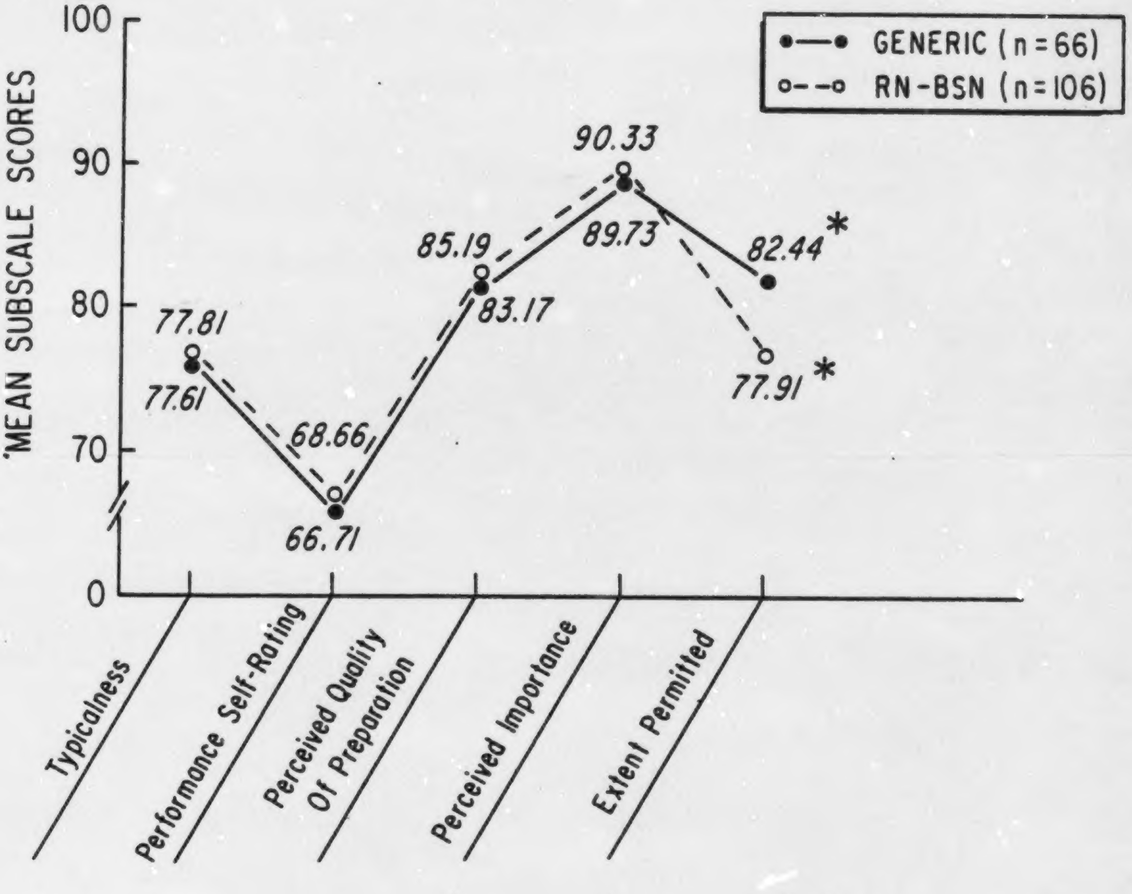
Figure 5-6 shows no notable differences between the two groups with respect to the typicalness, performance or importance attached to tasks represent elements of an advanced clinical role. However, RN-BSN graduates were significantly lower than their generic counterparts in the extent to which they perceived being encouraged or required to perform that set of tasks.

Figure 5-6

ROLE STRUCTURE OF GENERIC & RN-BSNs IN STAFF POSITIONS

PERFORMANCE OF TASKS REQUIRING:

ADVANCED CLINICAL FUNCTIONS



* *Difference between generics and RN-BSNs significant at p<.05*

Significance estimate based on F-ratio for type of education as main effect in ANCOVA, adjusting for the effect of length of nursing experience

6 THE RN-BSN EXPERIENCE - STUDENT PERSPECTIVES ON CHANGE

Until this point, we have attempted to describe in statistical terms some of the patterns which characterize changes in the outlooks and abilities of RN-BSN students, and some of the implications of these changes for the actual performance of graduates in the work setting. We think it important to remember, however, that the importance of these patterns lies not simply in their statistical regularity, but also in the meanings they hold for the experience of the RN-BSN students and graduates themselves. The statistics, moreover, are useful to us only to the extent that they help explain events and outcomes in the lives of actual people. For this reason, it seems appropriate to share examples of student comments which help to illustrate some of the ways in which the RN-BSN student experience was seen by students themselves.

During each semester of their enrollment in the RN-BSN program, all participating students were asked to complete a critical incident report, in which they described in their own words the changes they perceived in their nursing roles since entering the RN-BSN program, and indicated when and through what events or experiences these changes had occurred. The critical incident report (which we called the "aha!" instrument) also asked students to identify the groups of individuals (i.e., faculty, administration, fellow students, family, nurse colleagues, etc.) who had exercised important influences in shaping these changes.

Originally, our hope had been that these reports -- collected each semester and after graduation from each student -- would permit us to identify the changes which students typically identified at similar points of progress in their program, and that this information would make it possible for us to isolate a sequence of developmental stages in the transition from "technical" to "professional" levels of preparation. Unfortunately, a response rate of only about fifty percent per semester precluded this type of analysis. In addition, we quickly realized that in many ways the RN-BSN program itself is a highly individualized one, in which one cannot assume that different students have been exposed to the same content or experience after similar periods of matriculation.

Still, we believe that there is much to be learned from several of the trends we observed in students' descriptions of their own experience. The reader is urged to view these patterns, as we did, with extreme caution. These data are highly qualitative, and subjective from the students' points of view; moreover, they represent a set of perceptions which, because of a limited response rate, are not necessarily typical of the perceptions of the larger group of RN-BSN students participating in the study.

With these limitations in mind, we sought to examine RN-BSN students' descriptions of their own experience in the program. In classifying these subjective and open-ended statements, we were guided by a coding scheme suggested by Wheeler's framework (1966, p. 112) for explaining adult socialization in formally organized settings. In that model, Wheeler pointed out three dimensions of individual change: (1) in capacities to learn new norms, (2) in capacities to perform, and (3) in motivation to perform. In our limited sample of RN-BSN students' descriptions of change, the most frequent types of account seemed to involve the first of these three dimensions: the development of a willingness to learn the norms of new nursing roles. These responses were followed in frequency by responses describing the development of new abilities and capacities.

A majority of the respondents described these changes as gradual processes, rather than as sudden events attributable to single events or experiences. It seems consistent with the findings of other investigators (Davis and Olesen, 1964; Brown et al., 1974; Tetreault, 1976; Gliebe, 1977) that faculty were named more often than other groups as the agents influencing change. After faculty, fellow students, nurse colleagues, and family members were named in that order.

Among the courses which respondents cited, those in community health and assessment -- the first two clinical or laboratory courses in the RN-BSN sequence -- were most frequently named as sources of change.

Early Comments

Our limited number of responses did not permit a systematic comparison of students' critical incident reports after different lengths of time in the RN-BSN program. Nevertheless, it seemed striking that a number of the comments offered by students during their first semester suggested patterns of resistance to changes in outlook and performance. The following sample comments seem relatively typical in this regard:

> "I'm a hospital based nurse. I've learned nothing to influence or change that practice."
>
> "I'm ingesting lots of ideas, but there are no changes."
>
> "So far I have seen nothing to convince me that the 'professional' nurse of today is any better prepared to nurse."
>
> "I do not see my present work role as having changed. I forsee changes in my approach - maybe after I get my degree. But, I do feel increased self confidence in dealing with other staff and with doctors."

Later Comments

The comments offered by RN-BSN students at later stages of their program begin to reflect -- in highly personal terms -- several of the types of changes in values and skills which were measured in our study's quantitative analyses. It should not be assumed that the personal accounts offered below are necessarily representative of the ways in which all RN-BSN students in our study viewed their experience. Nonetheless, a small number of these descriptions help to illuminate several of the recurrent themes which appeared in the "aha!" reports returned to us.

Expanded Nursing Roles

> "I am gaining insight into a different way of viewing patient care - beyond the care giver role."

"I see myself as a leader - having a potential for influencing policy and having more say in decisions."

"One important aspect not emphasized in my diploma program is the nurse as a researcher. It is the idea of a professional RN having various roles and capabilities other than that of a practitioner only."

"I feel that my input into patient care is much more valuable than I thought previously."

"I see the role of the nurse as the client, advocate, on individual and collective basis and appreciate thinking on promotion of health rather than treatment of illness. Before, I did not see that as my responsibility."

"When people say to me, we can't do that in the real world of nursing, I am willing and able to explain why they can and should. For example: plan nursing care, performing a good assessment, and patient participation in their own care."

"I see my role as less of a technical specialist and more of a planner, facilitator of education for health promotion and disease prevention."

"Nurses need to think in terms of cost effectiveness. I'm more scientific and organized in my approach to problem solving."

Independence and Professional Affiliation

"I see, as a nurse, that I can be responsible for nursing actions, not just medical orders."

"I can be more independent, need more judgment, be more accountable, and more valuable."

"Nursing is a way of approaching life . . . not just a job."

"I want to work towards nurses organizing into an increasingly powerful lobbying force. Nurses can become increasingly effective, if they choose to."

"I am more convinced that nursing is a profession, stand up for it more and see many in the profession who are not promoting a professional status."

"Now I stand up for my rights more as a nurse and don't get intimidated as easily by physicians. I used to look up to them and think they could do no wrong. But now, I realize that I have ideas which are important too."

Education and Its Contribution to Professional Nursing

"I thought I was a professional nurse before. Now, I'm not sure that I will be with only a BSN."

"I graduated from a diploma school and I had always heard that I was a 'technical nurse'. I never agreed with this until I entered the BSN program. I do agree there is a difference. I feel it is a higher level of learning."

> "When I started the classes, I was surprised at how much I didn't know. I've always felt I was a very knowledgeable nurse, now I realize there is an enormous amount to be learned."
>
> "I now understand why a BSN is important - I think it would be good for the whole profession."
>
> "I see the importance and necessity for C.E. and nursing research. It is an absolute necessity to belong to your professional organization."

In summary, these accounts do not provide us with adequate evidence for assessing the regularity with which RN-BSN students perceive changes in their outlook, or for determining the extent or timing of those perceived changes. At the very least, however, these critical incident reports offer a glimpse of several of the ways in which some RN-BSN students perceive the program's effects in immediate, experiential terms. For some RN-BSN students, one finds a sense of expanded visions of nursing, and a perception of having developed a more personalized set of beliefs. Other students seemed to describe the development of a clearer sense of their own nursing roles, and an enhanced belief in their own ability to control their futures and enact their visions. These comments, idiosyncratic as they may be, seem strongly reminiscent of Margretta Styles' description (1982) of her vision for the professionalization of nursing, and of the need for an "I - Nursing relationship." One is also reminded of Styles' further statement that for "...nursing to become its utmost...that we...are better served by a set of internal beliefs about nursing than a set of external criteria about professions" (p. 76).

Withdrawal from the RN-BSN Program

These student accounts serve as reminders that registered nurses entering the BSN program are not simply passive recipients of the program's learning and experience, but that students also have a part in shaping that experience in ways which are highly individual. For a number of students, this individual response involved withdrawing from the BSN program before graduation. We sought to explore the questions of who left the program and why.

Predictors of Withdrawal

By identifying from student records those students in the study's data base who withdrew from the RN-BSN program before graduation, it became a simple matter to compare the aggregate characteristics -- at entry to the program -- of students remaining in the program with those who later withdrew. In these comparisons, we restricted our analysis to members of the cohorts who entered the University of Kentucky's BSN program in the Fall 1979 through Fall 1982 semesters. These comparisons -- between 63 withdrawers and 267 students from the same entering classes who remained in the program -- provided few dramatic contrasts, but did suggest several noteworthy patterns. In an important sense, the comparison was most interesting for the variables which failed to discriminate between withdrawers and persisters.

Rates of withdrawal from the BSN program were virtually identical for associate degree and diploma graduates in the study. While divorced students were more likely than married or single students to leave the program, and single students most likely to remain, the relationship between marital status and withdrawal rates disappeared when age was taken into account. Other variables measured at students' entry to the program -- their own income; their spouse's income, the extent to which they perceived their spouse to be supportive of the decision to enroll -- were of little value in predicting withdrawal or persistence. While entering students varied to a striking extent in the number of hours per week they expected to work while attending school, this variable, as well, seemed to have little association with later decisions to remain or withdraw.

In contrast to our expectations, entering students' nursing-related values, as measured at entry to the program by the study's professional values scale, did not seem to be related to rates of retention. Similarly, entering students who later withdrew did not differ significantly from those who remained in their certainty of nursing as a career choice, or in their sense of having a strong personal stake in their identities as professional nurses. The withdrawers and persisters did not seem to differ significantly in the extent to which they believed that their actions could influence the nursing profession.

Virtually no differences seemed to exist between eventual withdrawers and persisters in their scores at entry on any of the six intellectual skills measured by the COMP examination. However, on a set of nine skills on which all entering students were asked to assess their own competency, it seems worth noting that eventual withdrawers were consistently less likely than the persisters to consider themselves competent (Table 6-1). With respect to perceived "ability to analyze and evaluate books and articles," this difference between withdrawers and persisters seemed to be significant. Similarly, there was a consistent if not powerful trend in which persisters had been more likely than withdrawers to state, when they entered the program, that they considered themselves competent in specific aspects of the nursing process (Table 6-2).

Persisters and withdrawers did not appear to differ, at entry to the RN-BSN program, in their perference for patient care, supervisory or administrative roles, or in their perference for teaching or research. However, students who later withdrew were more likely than the persisters, at entry to the program, to state a preference for work in community clinics and public health departments -- two work sites with a particular focus on the community (Table 6-3).

In addition to these comparisons between withdrawers and individuals who persisted in their baccalaureate studies, our study included a follow-up survey asking withdrawers to provide specific information about their reasons for leaving, and about their professional and educational plans after withdrawing. (See the withdrawal survey instrument included in the appendix of this report.)

Table 6-1

RN-BSN STUDENTS' RATINGS OF OWN COMPETENCIES IN SELECTED SKILLS AT ENTRY TO PROGRAM

	PERCENT CONSIDERING SELF COMPETENT		
	PERSISTERS ($\underline{n}$=267)	WITHDRAWERS ($\underline{n}$=63)	
Knowledge of nursing facts and information	64.1%	58.9%	
Knowledge of general principles of theories	64.1%	55.4%	
Ability to analyze and evaluate books and articles	38.4%	23.2%	$\chi^2=3.97$ $p < .05$ (df=1
Ability to apply knowledge in specific situations outside the classroom	76.4%	67.5%	
Technical skills	83.8%	75.0%	
Ability to communicate knowledge to others	70.2%	66.1%	
Ability to understand others' problems	87.6%	81.8%	
Ability to exhibit esteem for others	82.6%	71.4%	
Ability to accept others' values	82.6%	71.4%	

Table 6-2

RN-BSN STUDENTS' RATING OF OWN COMPETENCIES IN STAGES OF THE NURSING PROCESS AT ENTRY TO PROGRAM

	PERCENT CONSIDERING SELF COMPETENT		
	PERSISTERS (n=267)	WITHDRAWERS (n=63)	
Data Collection	36.7%	27.8%	
Assessment	40.9%	25.0%	$\chi^2=4.30$ $p<.05$ (df=1)
Planning	48.3%	46.4%	
Intervention	50.6%	48.2%	
Evaluation	43.6%	35.7%	

Table 6-3

RN-BSN STUDENTS' RATING OF INTEREST IN JOB AFTER BSN

	PERCENT PREFERRING		
	PERSISTERS (n=267)	WITHDRAWERS (n=63)	
Community Hospital	45.9%	41.1%	
Medical Center	57.4%	55.4%	
Doctor's Office	23.4%	30.4%	
Community Clinic	45.9%	63.6%	$\chi^2=5.01$ $p<.05$ (df=1)
School	32.0%	44.6%	
Social Service Agency	26.6%	39.3%	
Public Health Department	31.5%	51.8%	$\chi^2=8.28$ $p<.01$ (df=1)
Industry	21.0%	16.4%	
School of Nursing (educator)	63.7%	63.6%	
Self-employed	34.1%	29.1%	
Health Maintenance Organization	36.2%	38.2%	

Unfortunately, the small number of responses to this survey did not permit an analysis whose results could be generalized with confidence to a description of the movtives and plans of our population's total group of withdrawers. However, in examining the responses we did receive, we found it striking that non-academic reasons, in general, were cited far more frequently than academic problems as reasons for leaving.

7 SUMMARY AND IMPLICATIONS FOR NURSING

After three years of concentrated examination of RN-BSN education, the authors of this report continue to be impressed by the energy and imaginativeness of students, educators, and working nurses committed to the effectiveness of an educational approach which, according to many, has important consequences not only for the career development of individual registered nurses, but also for the prospects of the nursing profession itself. Within the boundaries of our study's scope, findings have emerged which can help, we believe, in explaining processes and outcomes associated with baccalaureate education for the registered nurse. We also hope, in summarizing these findings, to call attention to ways in which our results suggest a number of further questions worthy of examination.

Some of the central findings of our research can be summarized rapidly and simply.

1. Completion of an RN-BSN program did seem to be associated with changes in work-related value systems, in a direction which can accurately be described in terms of a transition from technical to professional outlooks on nursing. It seems worth noting that a "professional" outlook, as we have measured it, is not a single, unitary attribute, but is composed, instead, of a set of underlying value components which vary with considerable independence from one to another. These dimensions, in our study, seem to correspond closely to themes of autonomy, holism, identification with nursing as an organized profession, and belief in the value of expanded forms and sources of knowledge. To a certain extent, the shape of these dimensions is a reflection of the views of "professionalism" which formed the items in the value scale we constructed and

administered to RN-BSN students. Still, the analytic distinctness of these dimensions lends support, we think, to an argument that it is perhaps less useful, in examining nurse education, to focus on the development of "professionalism" as a global trait than to concentrate, instead, on identifying specific values which are related to the development and practice of specific competencies.

2. Our study examined RN-BSN students' intellectual skills, at entry to the baccalaureate program and again at graduation, with the College Outcome Measures Project (COMP) examination developed in 1977 by American College Testing. The COMP examination is designed to measure six cognitive abilities thought to represent the general outcomes of undergraduate education: functioning in social institutions, using science, using the arts, communicating, solving problems, and clarifying values. We found only modest evidence of change over time in these abilities on the part of RN-BSN students in the study; however, this element of our analysis was restricted by the limited number of students from the initial cohorts who took the COMP examination at both the start and conclusion of their programs. Our findings also offered modest support for a hypothesis that intellectual skills, as measured by the COMP examination, were related to values measured by the study's professional value scale, especially its "autonomy" factor.
3. After completing the program, RN-BSN graduates seemed at least as likely as a comparable group of generic BSN graduates to view professional tasks, and use of the nursing process, as typical of their jobs, and to consider themselves proficient in these tasks. This pattern was particularly clear with respect to the performance of tasks embodying the ten baccalaureate education outcomes constituting

the research question of the study's component examining the performance of program graduates. (See page 5 of this report.) Moreover, RN-BSNs seemed at least as likely (and, in some cases, more likely) to attach personal importance to performing these tasks. On the other hand, RN-BSN graduates were less likely than generic BSNs in similar jobs to report that they were expected or required to perform these professional tasks or to use the nursing process.

While this pattern might in a sense seem paradoxical, it should also call attention to a broader professional question: the issue of discontinuity between educational differentiation in nursing and the organization of work in settings where nurses are employed. Two thoughts come to mind for further investigation: first, one might ask whether the relationship between education and institutional requirements takes different forms when a comparison between RN-BSN and generic graduates is made in varying types of organizations; second, one might ask whether initial differences between RN-BSN and generic graduates tend to decrease or to magnify over time.

Obviously, the scope of our results does not permit any grand judgments concerning whether RN-BSN education has served its ultimate purposes. However, our findings are characterized by two trends which seem consistent, at least, with what seems to be a basic mission of RN-BSN education: (1) Students graduating from the RN-BSN program do seem to have acquired a more distinctly professional outlook on their own careers and on the field of nursing itself; while there do seem to be patterns of gain in basic intellectual skills, technical limitations in our study preclude an extravagant interpretation of these trends. (2) Whether or not by virtue of their educational experience, RN-BSN graduates in staff positions perform tasks which resemble that of their generic counterparts far more closely than it does that of non-baccalaureate nurses in officially similar positions.

It seems natural, having completed this study, to be tantalized by a host of unanswered questions. From the start, our research explicitly excluded the analysis of curriculum, and it has long been clear to us that this delimitation was important to us in maintaining a focus on the types of outcomes and non-curricular process variables we sought to examine. However, the fact ought not to minimize the importance of understanding the character of instruction itself in RN-BSN programs -- both the manifest and the subtle ways in which programs' structures and philosophies are translated to what is actually taught and what occurs among students and educators. If studies like ours have cast even the smallest light on the consequences of RN-BSN education for the performance of its graduates, then it becomes even more important to understand the educational and organizational mechanisms which contribute to those outcomes.

While the study's four participating baccalaureate programs clearly share important commonalities of purpose, there should also be little doubt that at a national level there are important differences -- organizational, philosophical, pedagogical -- which distinguish among baccalaureate programs for registered nurses. One can imagine a valuable purpose being served by further research which examines the extent to which outcomes of RN-BSN education is affected by measurement of specific institutional and contextual variables.

An original intention of this study had been to examine the extent to which graduates' performance in the field could be predicted from cognitive and attitudinal changes which occurred during their time in the BSN program. Unfortunately, the small number of participants who provided data at both entry and graduation precluded examination of this set of relationships. The issue is one which we continue to consider important, and worthy of further examination by others.

One of the major features of our study, we believe, is its examination of performance and task structure on a number of dimensions. While self-report data were well-suited to the purposes of our study, the investigators also recommend the use of direct measures of performance, over longer periods of time, in examining the outcomes of educational programs.

Finally, it should be remembered that the effects of RN-BSN education are likely to involve patterns which only begin to emerge in the first year after graduation. Further investigation seems warranted in examining the performance and career paths of program graduates over more extended periods.

The impact of this longitudinal research study may well be in the change in attitudes and biases held by those who educate nurses and those who serve on accreditation bodies. The results of this study clearly show that not only do the AAS degree holders change, but that diploma graduates also change their patterns of practice.

Perhaps one of the most significant findings is the clear statements of differences in the work setting of those who hold baccalaureate degrees. For health care delivery settings, there is a need to provide levels of practice to close the gap between the values held and the typical work day.

Our findings are consistent with many of the views of those who have agreed that faculty and staff development educators need to re-evaluate their approaches to the research process, if clinicians are expected to advance nursing practice through the utilization of research studies.

Collaboration between and among health professionals has been shown to produce dissonance. In these days of budgetary cutbacks, the experiences that help to produce skills needed for a collaborative practice model are rapidly being dropped or simply not developed. The respondents recognized their need to develop interprofessional collaborative skills if they are to be accepted as peers and accountable for their practice.

In concluding our work of the last three years, we stand in awe of the complexity of many of the issues, and we hope with sincere humility that our work can make a contribution, however small.

GLOSSARY OF TERMS

1. aha! - a critical incident report that was utilized to identify behavioral changes.

2. Associate degree in nursing - a two-year program located in a community college which usually consists of 50% liberal art courses and 50% technical (nursing) courses. Persons obtaining the degree are usually eligible to sit for the licensing examination.

3. Baccalaureate competencies - are defined by the results of a national survey of baccalaureate nursing educators, the expectations of graduates of the University of Kentucky, the use of the six College Outcomes Measures Skill variables and the three factors developed through analysis of the Professionalism Scale of the Opinion Survey.

4. Clinician - in this project, a staff level position of those who are engaged in the clinical nursing parctice in various health delivery settings.

5. COMP - acronym for College Outcomes Measure Project. It is a multimedia assessment of six skills: functioning within social institutions, using science and technology, using the arts, communicating, solving problems, and clarifying issues.

The following definitions are being used to define COMP scales:

FUNCTIONING WITHIN SOCIAL INSTITUTIONS - Ability to identify those activities and institutions which constitute the social aspects of a culture, understand the impact that social institutions have on individuals, and analyze the functioning of yourself and others within social institutions.

USING SCIENCE AND TECHNOLOGY - Ability to identify the scientific/technological aspects of a culture, understand the impact of such activities and products on individuals and analyze the consequences of using technological products for both yourself and the culture.

USING THE ARTS - Ability to identify those activities and products which constitute the artistic aspects of a culture, understand the impact that art in its various forms has on individuals, and analyze the use of works of art by yourself and others.

COMMUNICATING - Ability to send and receive information in a variety of modes (oral, written, graphic) for a variety of purposes (to inform, to persuade, to analyze).

SOLVING PROBLEMS - Ability to define a variety of problems, select approaches to solve them, generate solutions, collect information, check logical consistency, select a good solution, and evaluate the process by which a problem was solved.

CLARIFYING VALUES - Ability to identify your own values and the values of others, understand how values develop, and analyze the implications of decisions made by oneself or others based on those values.

6. Diploma nursing program - a program which is usually less than three years and is housed within a hospital and leads to a diploma rather than a degree in nursing. The persons obtaining a diploma are usually eligible to sit for the licensing examination.

7. Generic baccalaureate program - a program which exists within a four year institution of higher education, is a complete program, leads to BSN and usually has the major classes at the Junior and Senior level. Graduates are eligible for the licensing examination.

8. Opinion Survey - a 49 item attitude assessment tool which utilizes a six point Likert-type scale. This tool consists of three subscales: professionalism, attitudes toward higher education, and attitudes toward learning. These scales appear to have a high reliability (Chronbach alpha of .94, .93, and .93 respectively).

9. Professional nursing - requires a high level of skill and knowledge that is identified by behaviors that fall within four values held by an individual. These are: respect for knowledge, a holistic view of man, identity with a professional organization, and desire for independence within the practice of nursing. These characteristics were derived by a factor analysis of the Professionalism Scale developed by the Sleuthing Nursing Pathways project.

10. RN-BSN program - a program in which the student enters with an AAS degree in nursing or a diploma and 60 credits, is licensed or eligible for licensure to practice nursing. The program leads to a BSN. Courses are at the Junior and Senior level. Other names for this program are RN completion, 2+2, career ladder, second-step program.

11. Sleuthing Nursing Pathways - name of the project which conducted the evaluation research study, RN-Baccalaureate Education: a process-product evaluation.

12. Socialization - a complex process by which a person acquires knowledge, skills, and a sense of occupational identity that are characteristic of a member of that profession (Cohen).

13. Supervisor - the registered nurse who is accountable for nursing practice in a particular unit. This person supervises the practitioners in the study or may be a participant in the study by virtue of graduation from a participating program and holding an administrative position.

14. Task analysis - 39 behaviorally stated items of which 7 questions were asked. Example: How typical is this task of the work you do in your current job? Two forms exist: one for those in clinical positions, one for those in supervisory positions.

15. Technical nursing - requires a moderate level of knowledge and judgment to perform technical functions, gives general nursing care under supervision of a professional nurse; skills gained through a two year curriculum provided at a community college. The graduate holds an AAS degree.

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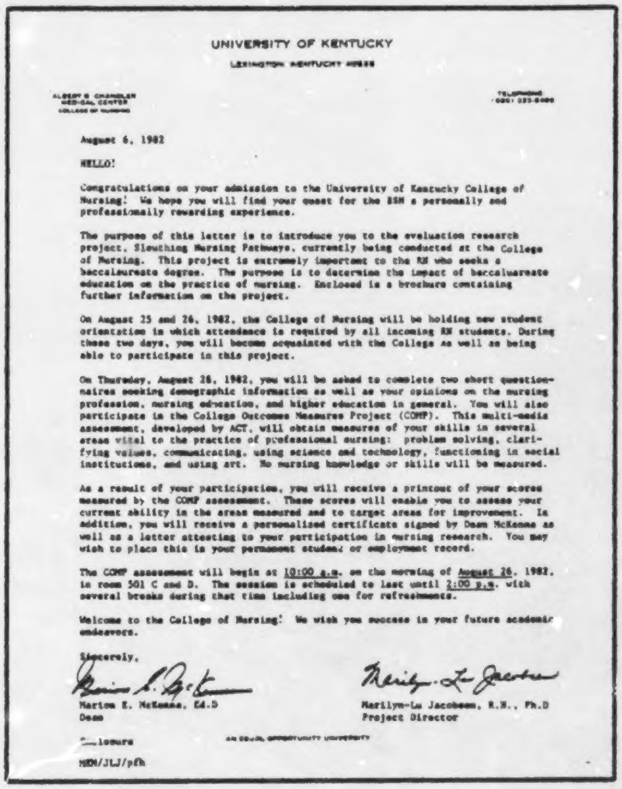
appendix A

SAMPLE LETTER OF INTRODUCTION TO NEW STUDENTS



UNIVERSITY OF KENTUCKY
LEXINGTON KENTUCKY

ALBERT B. CHANDLER
MEDICAL CENTER
COLLEGE OF NURSING

TELEPHONE

August 6, 1982

HELLO!

Congratulations on your admission to the University of Kentucky College of Nursing! We hope you will find your quest for the BSN a personally and professionally rewarding experience.

The purpose of this letter is to introduce you to the evaluation research project, Slouthing Nursing Pathways, currently being conducted at the College of Nursing. This project is extremely important to the RN who seeks a baccalaureate degree. The purpose is to determine the impact of baccaluareate education on the practice of nursing. Enclosed is a brochure containing further information on the project.

On August 25 and 26, 1982, the College of Nursing will be holding new student orientation in which attendance is required by all incoming RN students. During these two days, you will become acquainted with the College as well as being able to participate in this project.

On Thursday, August 26, 1982, you will be asked to complete two short questionnaires seeking demographic information as well as your opinions on the nursing profession, nursing education, and higher education in general. You will also participate in the College Outcomes Measures Project (COMP). This multi-media assessment, developed by ACT, will obtain measures of your skills in several areas vital to the practice of professional nursing: problem solving, clarifying values, communicating, using science and technology, functioning in social institutions, and using art. No nursing knowledge or skills will be measured.

As a result of your participation, you will receive a printout of your scores measured by the COMP assessment. These scores will enable you to assess your current ability in the areas measured and to target areas for improvement. In addition, you will receive a personalized certificate signed by Dean McKenna as well as a letter attesting to your participation in nursing research. You may wish to place this in your permanent student or employment record.

The COMP assessment will begin at 10:00 a.m. on the morning of August 26, 1982, in room 501 C and D. The session is scheduled to last until 2:00 p.m. with several breaks during that time including one for refreshments.

Welcome to the College of Nursing! We wish you success in your future academic endeavors.

Sincerely,

Marion E. McKenna, Ed.D
Dean

Marilyn-Lu Jacobsen
Marilyn-Lu Jacobsen, R.N., Ph.D
Project Director

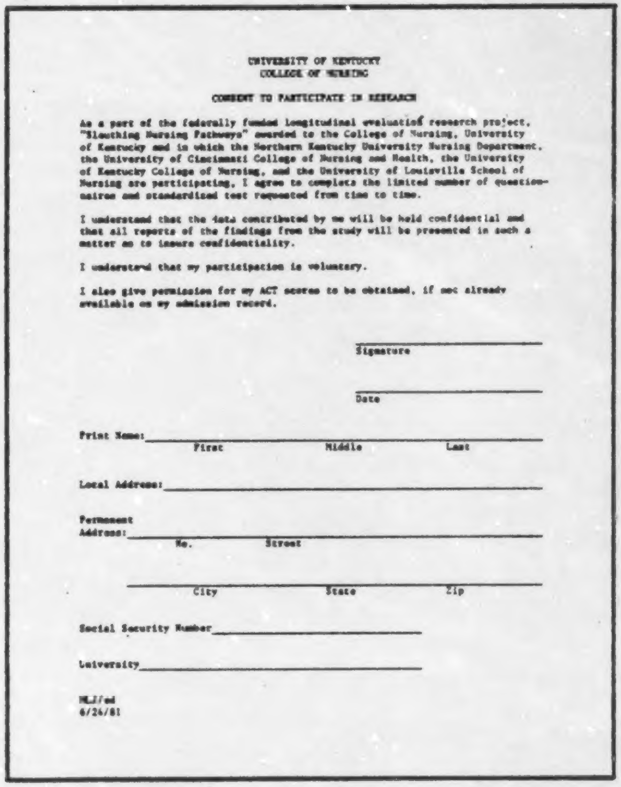
Enclosure

AN EQUAL OPPORTUNITY UNIVERSITY

MEM/JLJ/pfh

appendix B

STUDENT PARTICIPATION CONSENT FORM



UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

CONSENT TO PARTICIPATE IN RESEARCH

As a part of the federally funded longitudinal evaluation research project, "Slouthing Nursing Pathways" awarded to the College of Nursing, University of Kentucky and in which the Northern Kentucky University Nursing Department, the University of Cincinnati College of Nursing and Health, the University of Kentucky College of Nursing, and the University of Louisville School of Nursing are participating, I agree to complete the limited number of questionnaires and standardized test requested from time to time.

I understand that the data contributed by me will be held confidential and that all reports of the findings from the study will be presented in such a matter as to insure confidentiality.

I understand that my participation is voluntary.

I also give permission for my ACT scores to be obtained, if not already available on my admission record.

____
Signature

____
Date

Print Name: ______________________
First Middle Last

Local Address: ______________________

Permanent Address: ______________________
No. Street

____
City State Zip

Social Security Number ______________________

University ______________________

MLJ/ed
6/24/81

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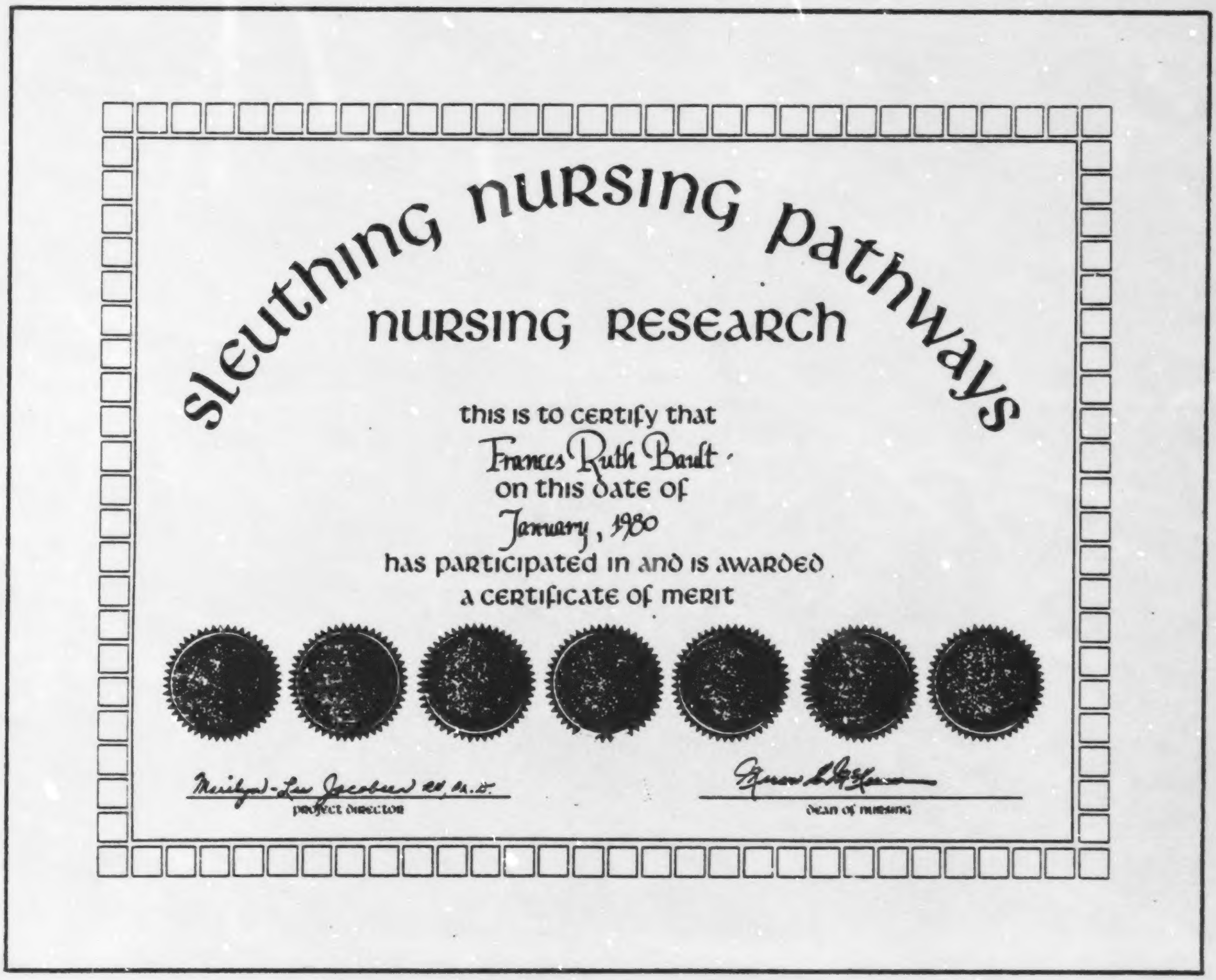
appendix C

SAMPLE STUDENT CERTIFICATE OF PARTICIPATION



sleuthing nursing pathways

nursing research

this is to certify that

Frances Ruth Bault

on this date of

January, 1980

has participated in and is awarded

a certificate of merit

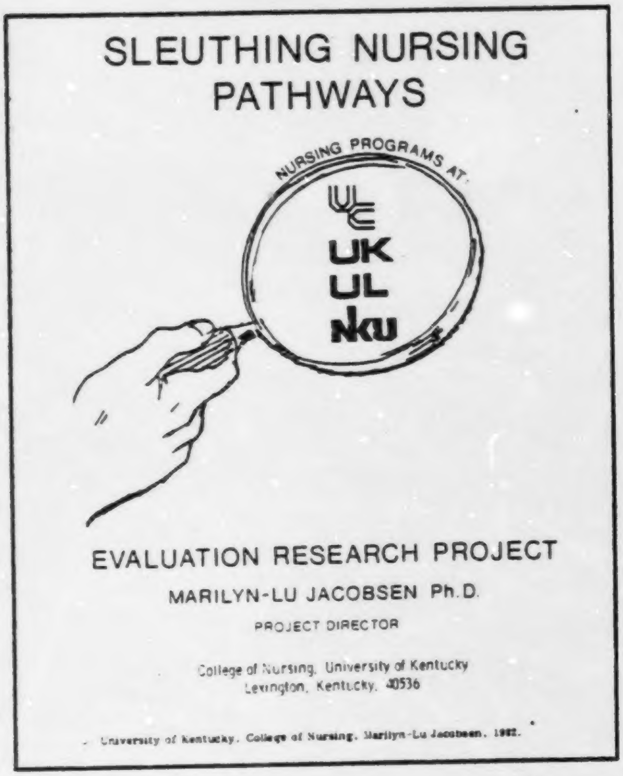
Marilyn-Lu Jacobsen RN, M.S.

project director

dean of nursing

appendix D

RN-BSN STUDENT ENTRY QUESTIONNAIRE



SLEUTHING NURSING PATHWAYS

EVALUATION RESEARCH PROJECT

MARILYN-LU JACOBSEN Ph.D.

PROJECT DIRECTOR

College of Nursing, University of Kentucky
Lexington, Kentucky. 40536

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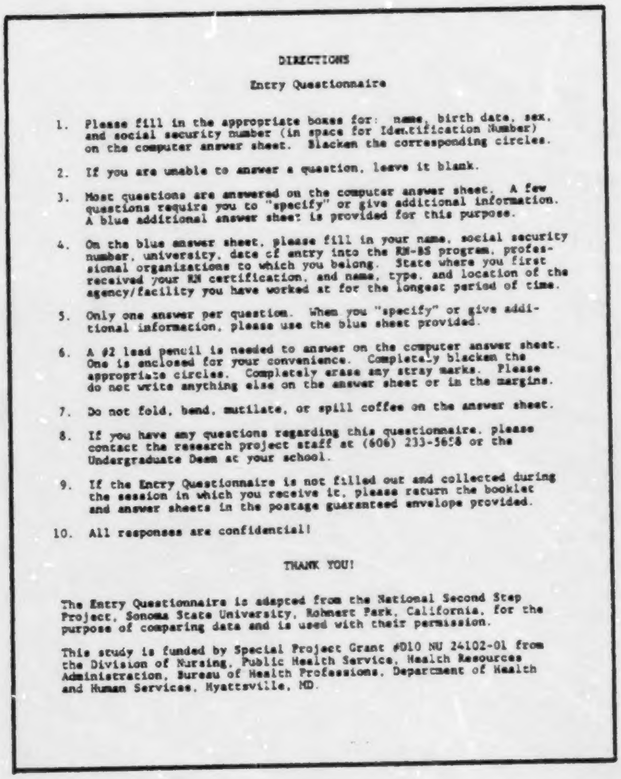


DIRECTIONS

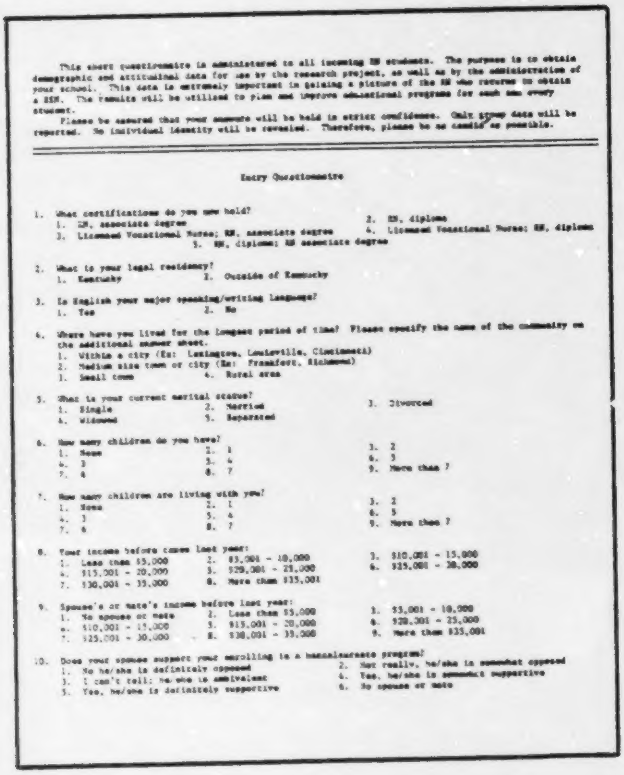
Entry Questionnaire

1. Please fill in the appropriate boxes for: name, birth date, sex, and social security number (in space for Identification Number) on the computer answer sheet. Blacken the corresponding circles.
2. If you are unable to answer a question, leave it blank.
3. Most questions are answered on the computer answer sheet. A few questions require you to "specify" or give additional information. A blue additional answer sheet is provided for this purpose.
4. On the blue answer sheet, please fill in your name, social security number, university, date of entry into the RN-BS program, professional organizations to which you belong. State where you first received your RN certification, and name, type, and location of the agency/facility you have worked at for the longest period of time.
5. Only one answer per question. When you "specify" or give additional information, please use the blue sheet provided.
6. A #2 lead pencil is needed to answer on the computer answer sheet. One is enclosed for your convenience. Completely blacken the appropriate circles. Completely erase any stray marks. Please do not write anything else on the answer sheet or in the margins.
7. Do not fold, bend, mutilate, or spill coffee on the answer sheet.
8. If you have any questions regarding this questionnaire, please contact the research project staff at (606) 233-5658 or the Undergraduate Dean at your school.
9. If the Entry Questionnaire is not filled out and collected during the session in which you receive it, please return the booklet and answer sheets in the postage guaranteed envelope provided.
10. All responses are confidential!

THANK YOU!

The Entry Questionnaire is adapted from the National Second Step Project, Sonoma State University, Rohnert Park, California, for the purpose of comparing data and is used with their permission.

This study is funded by Special Project Grant #D10 NU 24102-01 from the Division of Nursing, Public Health Service, Health Resources Administration, Bureau of Health Professions, Department of Health and Human Services, Hyattsville, MD.



This short questionnaire is administered to all incoming RN students. The purpose is to obtain demographic and attitudinal data for use by the research project, as well as by the administration of your school. This data is extremely important in gaining a picture of the RN who returns to obtain a BSN. The results will be utilized to plan and improve educational programs for each and every student.

Please be assured that your answers will be held in strict confidence. Only group data will be reported. No individual identity will be revealed. Therefore, please be as candid as possible.

Entry Questionnaire

1. What certifications do you now hold?
   1. RN, associate degree 2. RN, diploma
   3. Licensed Vocational Nurse; RN, associate degree 4. Licensed Vocational Nurse; RN, diploma
   5. RN, diploma; RN associate degree

2. What is your legal residency?
   1. Kentucky 2. Outside of Kentucky

3. Is English your major speaking/writing language?
   1. Yes 2. No

4. Where have you lived for the longest period of time? Please specify the name of the community on the additional answer sheet.
   1. Within a city (Ex: Lexington, Louisville, Cincinnati)
   2. Medium size town or city (Ex: Frankfort, Richmond)
   3. Small town 4. Rural area

5. What is your current marital status?
   1. Single 2. Married 3. Divorced
   4. Widowed 5. Separated

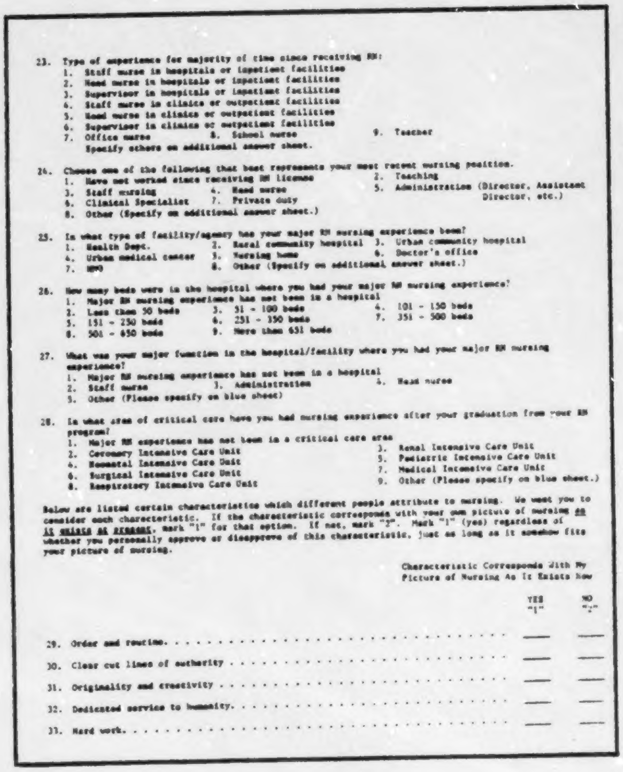
6. How many children do you have?
   1. None 2. 1 3. 2
   4. 3 5. 4 6. 5
   7. 6 8. 7 9. More than 7

7. How many children are living with you?
   1. None 2. 1 3. 2
   4. 3 5. 4 6. 5
   7. 6 8. 7 9. More than 7

8. Your income before taxes last year:
   1. Less than $5,000 2. $5,001 - 10,000 3. $10,001 - 15,000
   4. $15,001 - 20,000 5. $20,001 - 25,000 6. $25,001 - 30,000
   7. $30,001 - 35,000 8. More than $35,001

9. Spouse's or mate's income before last year:
   1. No spouse or mate 2. Less than $5,000 3. $5,001 - 10,000
   4. $10,001 - 15,000 5. $15,001 - 20,000 6. $20,001 - 25,000
   7. $25,001 - 30,000 8. $30,001 - 35,000 9. More than $35,001

10. Does your spouse support your enrolling in a baccalaureate program?
   1. No he/she is definitely opposed 2. Not really, he/she is somewhat opposed
   3. I can't tell; he/she is ambivalent 4. Yes, he/she is somewhat supportive
   5. Yes, he/she is definitely supportive 6. No spouse or mate



23. Type of experience for majority of time since receiving RN:
   1. Staff nurse in hospitals or inpatient facilities
   2. Head nurse in hospitals or inpatient facilities
   3. Supervisor in hospitals or inpatient facilities
   4. Staff nurse in clinics or outpatient facilities
   5. Head nurse in clinics or outpatient facilities
   6. Supervisor in clinics or outpatient facilities
   7. Office nurse 8. School nurse 9. Teacher
   Specify others on additional answer sheet.

24. Choose one of the following that best represents your most recent nursing position.
   1. Have not worked since receiving RN license 2. Teaching
   3. Staff nursing 4. Head nurse 5. Administration (Director, Assistant Director, etc.)
   6. Clinical Specialist 7. Private duty
   8. Other (Specify on additional answer sheet.)

25. In what type of facility/agency has your major RN nursing experience been?
   1. Health Dept. 2. Rural community hospital 3. Urban community hospital
   4. Urban medical center 5. Nursing home 6. Doctor's office
   7. HMO 8. Other (Specify on additional answer sheet.)

26. How many beds were in the hospital where you had your major RN nursing experience?
   1. Major RN nursing experience has not been in a hospital
   2. Less than 50 beds 3. 51 - 100 beds 4. 101 - 150 beds
   5. 151 - 250 beds 6. 251 - 350 beds 7. 351 - 500 beds
   8. 501 - 650 beds 9. More than 651 beds

27. What was your major function in the hospital/facility where you had your major RN nursing experience?
   1. Major RN nursing experience has not been in a hospital
   2. Staff nurse 3. Administration 4. Head nurse
   5. Other (Please specify on blue sheet)

28. In what area of critical care have you had nursing experience after your graduation from your RN program?
   1. Major RN experience has not been in a critical care area
   2. Coronary Intensive Care Unit 3. Renal Intensive Care Unit
   4. Neonatal Intensive Care Unit 5. Pediatric Intensive Care Unit
   6. Surgical Intensive Care Unit 7. Medical Intensive Care Unit
   8. Respiratory Intensive Care Unit 9. Other (Please specify on blue sheet.)

Below are listed certain characteristics which different people attribute to nursing. We want you to consider each characteristic. If the characteristic corresponds with your own picture of nursing as it exists at present, mark "1" for that option. If not, mark "2". Mark "1" (yes) regardless of whether you personally approve or disapprove of this characteristic, just as long as it somehow fits your picture of nursing.

Characteristic Corresponds With My Picture of Nursing As It Exists Now

	YES "1"	NO "2"
29. Order and routine.	___	___
30. Clear cut lines of authority	___	___
31. Originality and creativity	___	___
32. Dedicated service to humanity.	___	___
33. Hard work.	___	___

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RN-BSN STUDENT ENTRY QUESTIONNAIRE

	Characteristic Corresponds With My Picture of Nursing As It Exists Now	
	YES "1"	NO "2"
34. Clearly defined work tasks, each person responsible for his/her own specific job assignment		
35. Close supervision and direction.		
36. Exercise of imagination and insight.		
37. Religious inspiration and calling.		
38. Meticulousness		
39. Job security		
40. Human drama and excitement		
41. High technical skill		
42. Emotional control and restraint.		
43. Frequent innovation in the solution of problems.		
44. An occupation highly respected in the community.		
45. Solid intellectual content		
46. Demonstrating care and concern for others in an immediate and tangible way		

Below are listed the same characteristics as above which different people attribute to nursing. We want you to consider each characteristic. This time, if the characteristic is one you would like to see as important in the future of nursing, mark "1" for that option. If not, mark "2." Mark "1" (yes) regardless of whether you think the characteristic is currently part of nursing, just as long as you would like to see it as an important part of nursing in the future.

	Characteristic You Would Like To See As Important In The Future of Nursing	
	YES "1"	NO "2"
47. Order and routine.		
48. Clear cut lines of authority		
49. Originality and creativity		
50. Dedicated service to humanity.		
51. Hard work.		
52. Clearly defined work tasks, each person responsible for his/her own specific job assignment		
53. Close supervision and direction.		
54. Exercise of imagination and insight.		
55. Religious inspiration and calling.		
56. Meticulousness		
57. Job security		
58. Human drama and excitement		
59. High technical skill		
60. Emotional control and restraint.		
61. Frequent innovation in the solution of problems.		
62. An occupation highly respected in the community.		
63. Solid intellectual content		
64. Demonstrating care and concern for others in an immediate and tangible way		

Please indicate how much interest you have in working in the following clinical areas:

	Little or None 1	2	Moderate Amount 3	4	Very Much 5
65. Surgical					
66. Medical					
67. Pediatrics					
68. Obstetrics					
69. Psychiatric					
70. Community health					
71. Community mental health					
72. Rural health					
73. Gerontology					

74. Preferred or desired age group focus:
1. Mothers (parents)/newborns 2. Children 3. Adolescents
4. Adults 5. Aged

How important was each of the following considerations to you in selecting the college or university you are now attending?

	Not Important 1	2	Somewhat Important 3	4	Very Important 5
75. Career reasons - getting a good job or getting into graduate school					
76. Extra curricular activities					
77. Financial reasons (scholarship, loan, low tuition)					
78. Friends attending this college					
79. General reputation of the college					
80. Geographic location					
81. Opportunity for freedom in my personal life					
82. Opportunity to live away from home					
83. Opportunity to participate in an experimental educational program					
84. Opportunity to pursue an individualized academic program					
85. Opportunity to work part-time					

On a scale of 1 to 5, how important were the following considerations in deciding whether to enter nursing?

Nursing:	Little 1	2	Some 3	4	Very 5
86. is a very respected occupation in our society					
87. provides many opportunities for advancement					
88. allows me to avoid working under very high pressure					
89. fits my abilities and skills; lets me do things I can do best					
90. fits my interests; something I really like					
91. gives me a chance for leadership and responsibility					
92. gives me a chance to help others, be useful to society					
93. allows me to be creative and original					
94. promises a secure future					
95. brings a high income					
96. leaves me relatively free of supervision by others					
97. deals primarily with people rather than things					
98. allows me time to pursue other interests (hobbies, family, etc.)					
99. gives me a chance to help bring about needed changes in the health care delivery system					

100. During high school or your basic RN program, did you ever hold office in student government or other student organizations? (Please specify office and organization.)
1. Yes 2. No

101. Have you ever entered a piece of your own art work in a competition?
1. Yes 2. No

102. During high school or your basic RN program, did you ever serve on your school's newspaper, newsletter, or year book staff?
1. Yes 2. No

103. Have you ever published or entered in competition a piece of your own creative writing?
1. Yes 2. No

104. Have you ever competed in drama contests or acted in a school or organization play since ninth grade?
1. Yes 2. No

105. Have you ever participated in debating competition?
1. Yes 2. No

106. During or after high school, did you regularly perform or compete in a solo or ensemble using any musical ability or instrument?
1. Yes 2. No

107. Did you ever compete in a science competition during high school or your basic RN program?
1. Yes 2. No

108. Have you ever competed in any athletic competition?
1. Yes 2. No

109. Have you ever entered a competition related to home economics?
1. Yes 2. No

110. Have you participated or competed in other activities which are not listed? (Please specify on additional answer sheet.)
1. Yes 2. No

111. Were you employed either part time or full time at any time during high school?
1. Yes 2. No

Thank You

Dear Participant:

I appreciate your thoughtful answers and your willingness to participate in the Evaluation Research Project. Your participation is valued and vital to the successful completion of quality research.

If you have any further comments you would like to make, please use the space on your additional answer sheet or communicate with the Project Headquarters, Room 425 at the College of Nursing, University of Kentucky.

Marilyn-Lu Jacobsen
Marilyn-Lu Jacobsen, Ph.D.
Project Director

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RN-BSN STUDENT ENTRY QUESTIONNAIRE

Blue Additional Answer Sheet

Name_____
Social Security Number_____
University_____
Date of Entry into RN-BSN Program_____
Professional organizations to which you belong_____

State in which you were first certified_____
Name, type, and location of agency/facility where you have worked for the longest period of time_____

4. Name of community where you have lived for the longest period of time_____
11. Other sources of financial support not listed_____
14. Physical disabilities we should be aware of_____
15. Unusual family responsibilities we should be aware of_____
16. Other special needs we should be aware of_____
19. Other ways you spent the major portion of your time since graduation from RN program_____
21. Specify number of years of nursing experience if over 25 years_____

23. Specify other types of nursing experience not listed_____
24. Specify your recent nursing position which is not listed_____
25. Specify the facility/agency where you had your major RN experience that is not listed_____
27. Major function in hospital/facility not listed_____
28. Critical care areas of experience not listed_____
100. Student government or other organization offices held_____
110. Specify other activities in which you participated or in which you competed which are not listed_____

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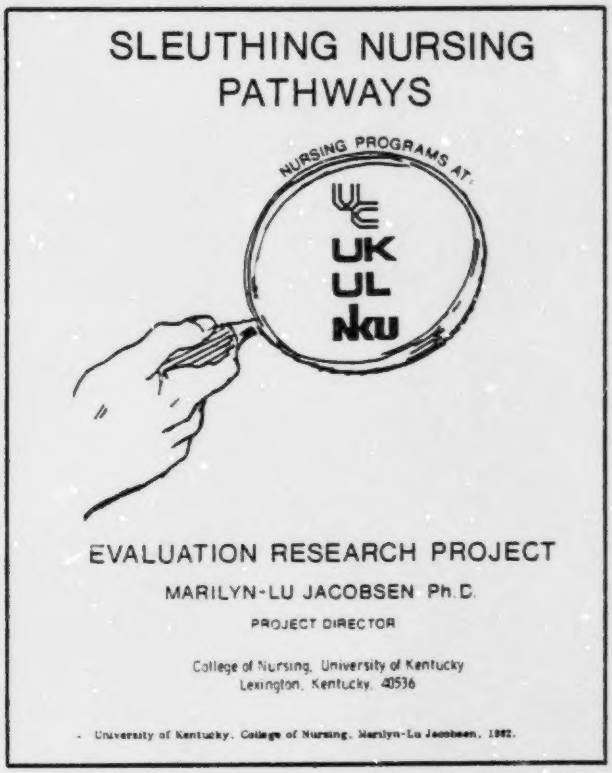
OPINION SURVEY QUESTIONNAIRE



SLEUTHING NURSING PATHWAYS

EVALUATION RESEARCH PROJECT

MARILYN-LU JACOBSEN Ph.D.

PROJECT DIRECTOR

College of Nursing, University of Kentucky
Lexington, Kentucky 40536

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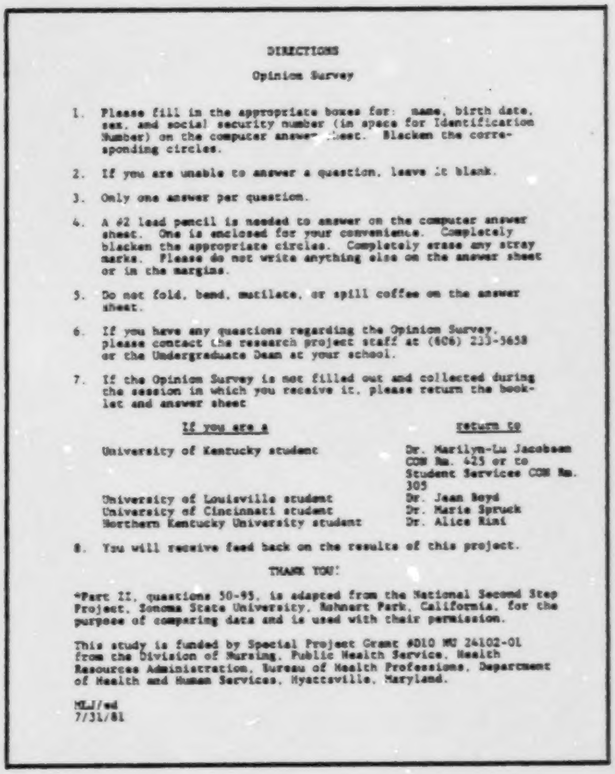


DIRECTIONS

Opinion Survey

1. Please fill in the appropriate boxes for: name, birth date, sex, and social security number (in space for Identification Number) on the computer answer sheet. Blacken the corresponding circles.
2. If you are unable to answer a question, leave it blank.
3. Only one answer per question.
4. A #2 lead pencil is needed to answer on the computer answer sheet. One is enclosed for your convenience. Completely blacken the appropriate circles. Completely erase any stray marks. Please do not write anything else on the answer sheet or in the margins.
5. Do not fold, bend, mutilate, or spill coffee on the answer sheet.
6. If you have any questions regarding the Opinion Survey, please contact the research project staff at (606) 233-3658 or the Undergraduate Dean at your school.
7. If the Opinion Survey is not filled out and collected during the session in which you receive it, please return the booklet and answer sheet

If you are a	return to
University of Kentucky student	Dr. Marilyn-Lu Jacobsen COM Rm. 425 or to Student Services COM Rm. 305
University of Louisville student	Dr. Jean Boyd
University of Cincinnati student	Dr. Marie Spruck
Northern Kentucky University student	Dr. Alice Rini

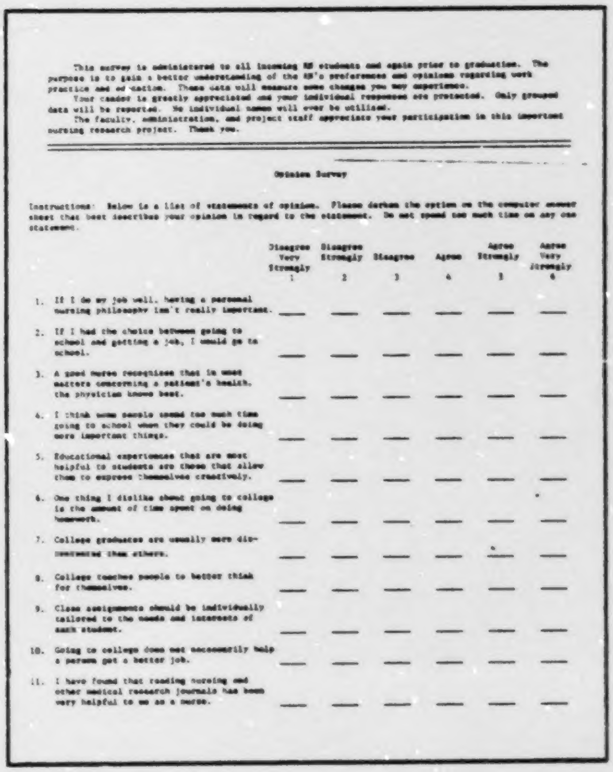
8. You will receive feed back on the results of this project.

THANK YOU!

*Part II, questions 50-95, is adapted from the National Second Step Project, Sonoma State University, Rohnert Park, California, for the purpose of comparing data and is used with their permission.

This study is funded by Special Project Grant #D10 NU 24102-01 from the Division of Nursing, Public Health Service, Health Resources Administration, Bureau of Health Professions, Department of Health and Human Services, Hyattsville, Maryland.

MLJ/ed
7/31/81



This survey is administered to all incoming RN students and again prior to graduation. The purpose is to gain a better understanding of the RN's preferences and opinions regarding work practice and education. These data will measure some changes you may experience.

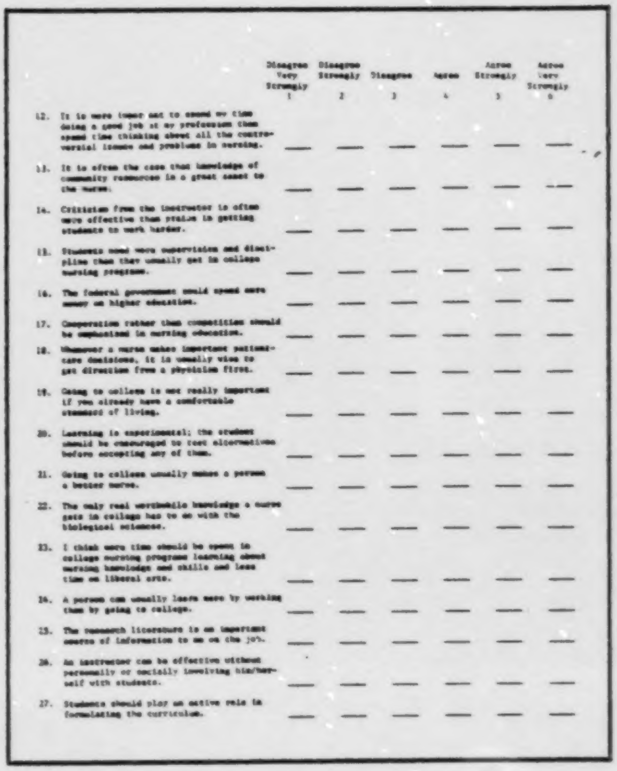
Your candor is greatly appreciated and your individual responses are protected. Only grouped data will be reported. No individual names will ever be utilized.

The faculty, administration, and project staff appreciate your participation in this important nursing research project. Thank you.

Opinion Survey

Instructions: Below is a list of statements of opinion. Please darken the option on the computer answer sheet that best describes your opinion in regard to the statement. Do not spend too much time on any one statement.

	Disagree Very Strongly 1	Disagree Strongly 2	Disagree 3	Agree 4	Agree Strongly 5	Agree Very Strongly 6
1. If I do my job well, having a personal nursing philosophy isn't really important.	___	___	___	___	___	___
2. If I had the choice between going to school and getting a job, I would go to school.	___	___	___	___	___	___
3. A good nurse recognizes that in most matters concerning a patient's health, the physician knows best.	___	___	___	___	___	___
4. I think some people spend too much time going to school when they could be doing more important things.	___	___	___	___	___	___
5. Educational experiences that are most helpful to students are those that allow them to express themselves creatively.	___	___	___	___	___	___
6. One thing I dislike about going to college is the amount of time spent on doing homework.	___	___	___	___	___	___
7. College graduates are usually more discontented than others.	___	___	___	___	___	___
8. College teaches people to better think for themselves.	___	___	___	___	___	___
9. Class assignments should be individually tailored to the needs and interests of each student.	___	___	___	___	___	___
10. Going to college does not necessarily help a person get a better job.	___	___	___	___	___	___
11. I have found that reading nursing and other medical research journals has been very helpful to me as a nurse.	___	___	___	___	___	___



	Disagree Very Strongly 1	Disagree Strongly 2	Disagree 3	Agree 4	Agree Strongly 5	Agree Very Strongly 6
12. It is more important to spend my time doing a good job at my profession than spend time thinking about all the controversial issues and problems in nursing.	___	___	___	___	___	___
13. It is often the case that knowledge of community resources is a great asset to the nurse.	___	___	___	___	___	___
14. Criticism from the instructor is often more effective than praise in getting students to work harder.	___	___	___	___	___	___
15. Students need more supervision and discipline than they usually get in college nursing programs.	___	___	___	___	___	___
16. The federal government should spend more money on higher education.	___	___	___	___	___	___
17. Cooperation rather than competition should be emphasized in nursing education.	___	___	___	___	___	___
18. Whenever a nurse makes important patient-care decisions, it is usually wise to get direction from a physician first.	___	___	___	___	___	___
19. Going to college is not really important if you already have a comfortable standard of living.	___	___	___	___	___	___
20. Learning is experimental; the student should be encouraged to test alternatives before accepting any of them.	___	___	___	___	___	___
21. Going to college usually makes a person a better nurse.	___	___	___	___	___	___
22. The only real worthwhile knowledge a nurse gets in college has to do with the biological sciences.	___	___	___	___	___	___
23. I think more time should be spent in college nursing programs learning about nursing knowledge and skills and less time on liberal arts.	___	___	___	___	___	___
24. A person can usually learn more by working than by going to college.	___	___	___	___	___	___
25. The research literature is an important source of information to me on the job.	___	___	___	___	___	___
26. An instructor can be effective without personally or socially involving him/herself with students.	___	___	___	___	___	___
27. Students should play an active role in formulating the curriculum.	___	___	___	___	___	___

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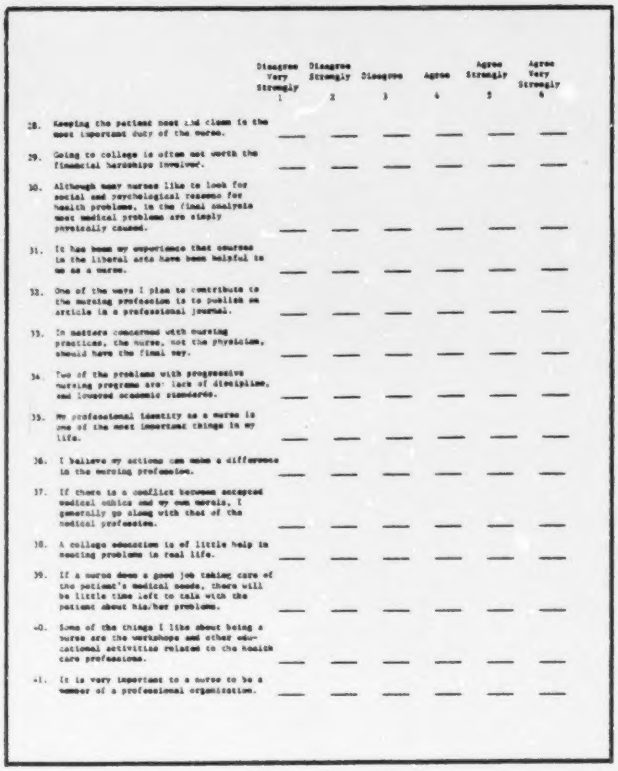
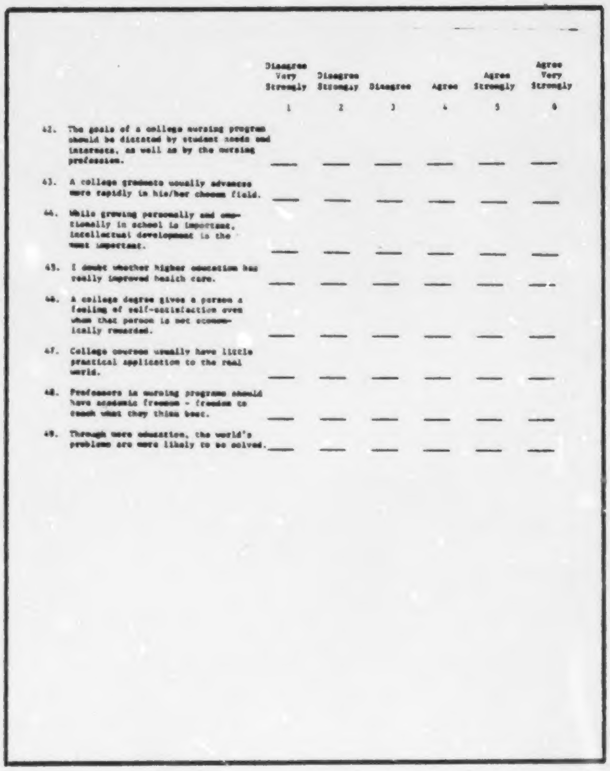
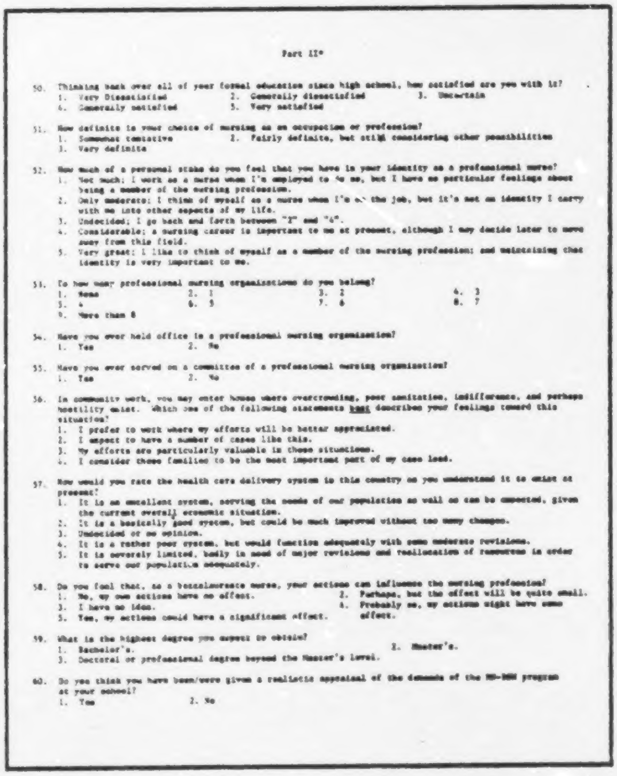
OPINION SURVEY QUESTIONNAIRE



	Disagree Very Strongly 1	Disagree Strongly 2	Disagree 3	Agree 4	Agree Strongly 5	Agree Very Strongly 6
28. Keeping the patient neat and clean is the most important duty of the nurse.	___	___	___	___	___	___
29. Going to college is often not worth the financial hardships involved.	___	___	___	___	___	___
30. Although many nurses like to look for social and psychological reasons for health problems, in the final analysis most medical problems are simply physically caused.	___	___	___	___	___	___
31. It has been my experience that courses in the liberal arts have been helpful to me as a nurse.	___	___	___	___	___	___
32. One of the ways I plan to contribute to the nursing profession is to publish an article in a professional journal.	___	___	___	___	___	___
33. In matters concerned with nursing practices, the nurse, not the physician, should have the final say.	___	___	___	___	___	___
34. Two of the problems with progressive nursing programs are: lack of discipline, and lowered academic standards.	___	___	___	___	___	___
35. My professional identity as a nurse is one of the most important things in my life.	___	___	___	___	___	___
36. I believe my actions can make a difference in the nursing profession.	___	___	___	___	___	___
37. If there is a conflict between accepted medical ethics and my own morals, I generally go along with that of the medical profession.	___	___	___	___	___	___
38. A college education is of little help in meeting problems in real life.	___	___	___	___	___	___
39. If a nurse does a good job taking care of the patient's medical needs, there will be little time left to talk with the patient about his/her problems.	___	___	___	___	___	___
40. Some of the things I like about being a nurse are the workshops and other educational activities related to the health care professions.	___	___	___	___	___	___
41. It is very important to a nurse to be a member of a professional organization.	___	___	___	___	___	___



	Disagree Very Strongly 1	Disagree Strongly 2	Disagree 3	Agree 4	Agree Strongly 5	Agree Very Strongly 6
42. The goals of a college nursing program should be dictated by student needs and interests, as well as by the nursing profession.	___	___	___	___	___	___
43. A college graduate usually advances more rapidly in his/her chosen field.	___	___	___	___	___	___
44. While growing personally and emotionally in school is important, intellectual development is the most important.	___	___	___	___	___	___
45. I doubt whether higher education has really improved health care.	___	___	___	___	___	___
46. A college degree gives a person a feeling of self-satisfaction even when that person is not economically rewarded.	___	___	___	___	___	___
47. College courses usually have little practical application to the real world.	___	___	___	___	___	___
48. Professors in nursing programs should have academic freedom - freedom to teach what they think best.	___	___	___	___	___	___
49. Through more education, the world's problems are more likely to be solved.	___	___	___	___	___	___



Part II*

50. Thinking back over all of your formal education since high school, how satisfied are you with it?
    1. Very Dissatisfied 2. Generally dissatisfied 3. Uncertain
    4. Generally satisfied 5. Very satisfied

51. How definite is your choice of nursing as an occupation or profession?
    1. Somewhat tentative 2. Fairly definite, but still considering other possibilities
    3. Very definite

52. How much of a personal stake do you feel that you have in your identity as a professional nurse?
    1. Not much; I work as a nurse when I'm employed to do so, but I have no particular feelings about being a member of the nursing profession.
    2. Only moderate; I think of myself as a nurse when I'm on the job, but it's not an identity I carry with me into other aspects of my life.
    3. Undecided; I go back and forth between "2" and "4".
    4. Considerable; a nursing career is important to me at present, although I may decide later to move away from this field.
    5. Very great; I like to think of myself as a member of the nursing profession; and maintaining that identity is very important to me.

53. To how many professional nursing organizations do you belong?
    1. None 2. 1 3. 2 4. 3
    5. 4 6. 5 7. 6 8. 7
    9. More than 8

54. Have you ever held office in a professional nursing organization?
    1. Yes 2. No

55. Have you ever served on a committee of a professional nursing organization?
    1. Yes 2. No

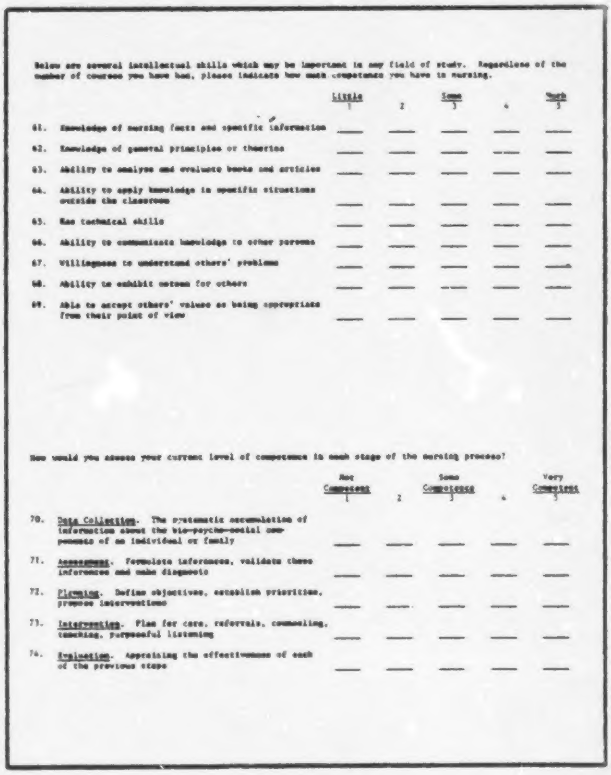
56. In community work, you may enter homes where overcrowding, poor sanitation, indifference, and perhaps hostility exist. Which one of the following statements best describes your feelings toward this situation?
    1. I prefer to work where my efforts will be better appreciated.
    2. I expect to have a number of cases like this.
    3. My efforts are particularly valuable in these situations.
    4. I consider these families to be the most important part of my case load.

57. How would you rate the health care delivery system in this country as you understand it to exist at present?
    1. It is an excellent system, serving the needs of our population as well as can be expected, given the current overall economic situation.
    2. It is a basically good system, but could be much improved without too many changes.
    3. Undecided or no opinion.
    4. It is a rather poor system, but would function adequately with some moderate revisions.
    5. It is severely limited, badly in need of major revisions and reallocation of resources in order to serve our population adequately.

58. Do you feel that, as a baccalaureate nurse, your actions can influence the nursing profession?
    1. No, my own actions have no effect. 2. Perhaps, but the effect will be quite small.
    3. I have no idea. 4. Probably so, my actions might have some effect.
    5. Yes, my actions could have a significant effect.

59. What is the highest degree you expect to obtain?
    1. Bachelor's. 2. Master's.
    3. Doctoral or professional degree beyond the Master's level.

60. Do you think you have been/were given a realistic appraisal of the demands of the RN-BSN program at your school?
    1. Yes 2. No



Below are several intellectual skills which may be important in any field of study. Regardless of the number of courses you have had, please indicate how much competence you have in nursing.

	Little 1	2	Some 3	4	Much 5
61. Knowledge of nursing facts and specific information	___	___	___	___	___
62. Knowledge of general principles or theories	___	___	___	___	___
63. Ability to analyze and evaluate books and articles	___	___	___	___	___
64. Ability to apply knowledge in specific situations outside the classroom	___	___	___	___	___
65. Has technical skills	___	___	___	___	___
66. Ability to communicate knowledge to other persons	___	___	___	___	___
67. Willingness to understand others' problems	___	___	___	___	___
68. Ability to exhibit esteem for others	___	___	___	___	___
69. Able to accept others' values as being appropriate from their point of view	___	___	___	___	___

How would you assess your current level of competence in each stage of the nursing process?

	Not Competent 1	2	Some Competence 3	4	Very Competent 5
70. Data Collection. The systematic accumulation of information about the bio-psycho-social components of an individual or family	___	___	___	___	___
71. Assessment. Formulate inferences, validate these inferences and make diagnosis	___	___	___	___	___
72. Planning. Define objectives, establish priorities, propose interventions	___	___	___	___	___
73. Intervention. Plan for care, referrals, counseling, teaching, purposeful listening	___	___	___	___	___
74. Evaluation. Appraising the effectiveness of each of the previous steps	___	___	___	___	___

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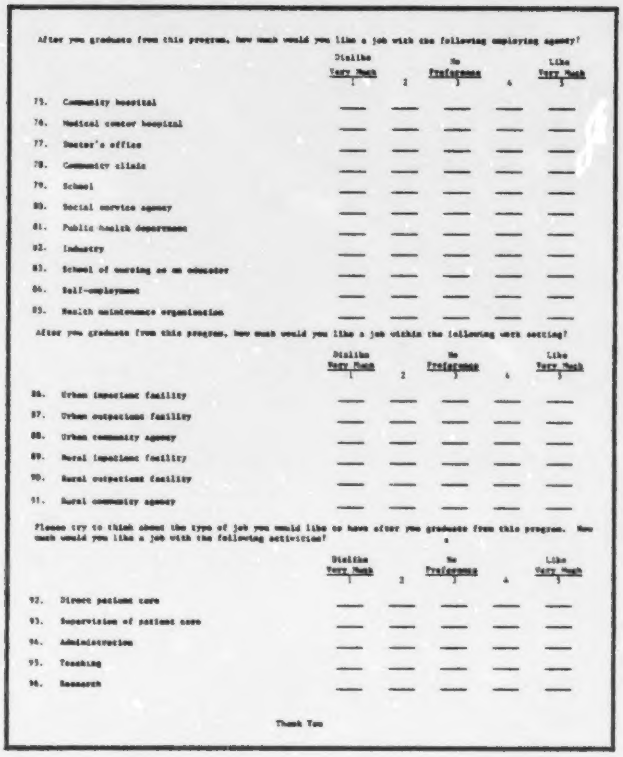
appendix E (continued)

OPINION SURVEY QUESTIONNAIRE



After you graduate from this program, how much would you like a job with the following employing agency?

	Dislike Very Much 1	2	No Preference 3	4	Like Very Much 5
75. Community hospital					
76. Medical center hospital					
77. Doctor's office					
78. Community clinic					
79. School					
80. Social service agency					
81. Public health department					
82. Industry					
83. School of nursing as an educator					
84. Self-employment					
85. Health maintenance organization					

After you graduate from this program, how much would you like a job within the following work setting?

	Dislike Very Much 1	2	No Preference 3	4	Like Very Much 5
86. Urban inpatient facility					
87. Urban outpatient facility					
88. Urban community agency					
89. Rural inpatient facility					
90. Rural outpatient facility					
91. Rural community agency					

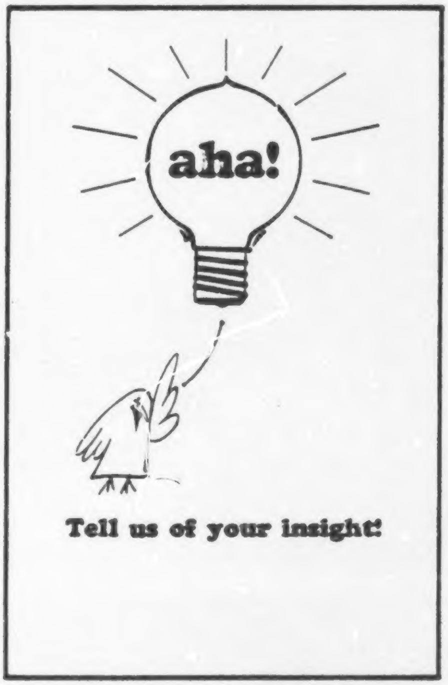
Please try to think about the type of job you would like to have after you graduate from this program. How much would you like a job with the following activities?

	Dislike Very Much 1	2	No Preference 3	4	Like Very Much 5
92. Direct patient care					
93. Supervision of patient care					
94. Administration					
95. Teaching					
96. Research					

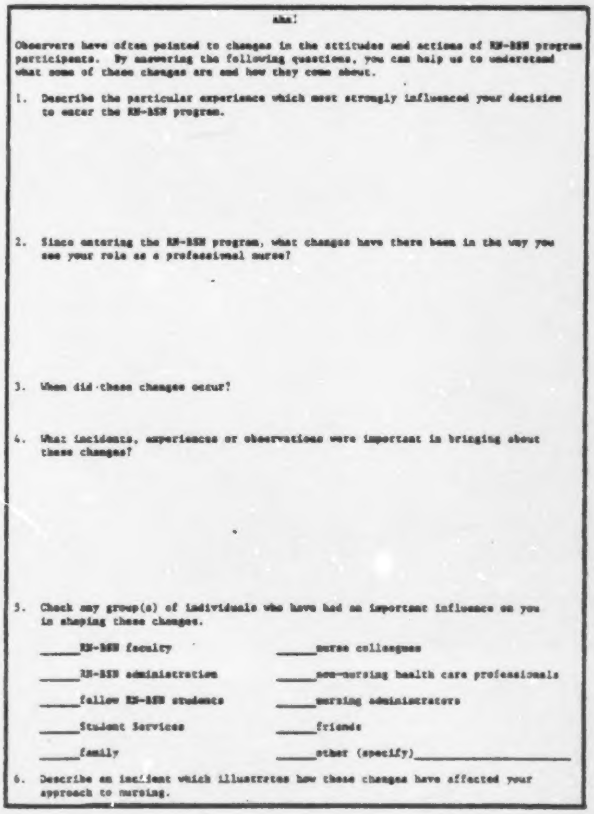
Thank You

appendix F

"aha!" CRITICAL INCIDENT REPORT INSTRUMENT


aha!
Tell us of your insight!

OPEN-to participate in building a theory of change for the RN-BSN



aha!

Observers have often pointed to changes in the attitudes and actions of RN-BSN program participants. By answering the following questions, you can help us to understand what some of these changes are and how they come about.

1. Describe the particular experience which most strongly influenced your decision to enter the RN-BSN program.

2. Since entering the RN-BSN program, what changes have there been in the way you see your role as a professional nurse?

3. When did these changes occur?

4. What incidents, experiences or observations were important in bringing about these changes?

5. Check any group(s) of individuals who have had an important influence on you in shaping these changes.

_____RN-BSN faculty
_____RN-BSN administration
_____fellow RN-BSN students
_____Student Services
_____family
_____nurse colleagues
_____non-nursing health care professionals
_____nursing administrators
_____friends
_____other (specify)_______________

6. Describe an incident which illustrates how these changes have affected your approach to nursing.

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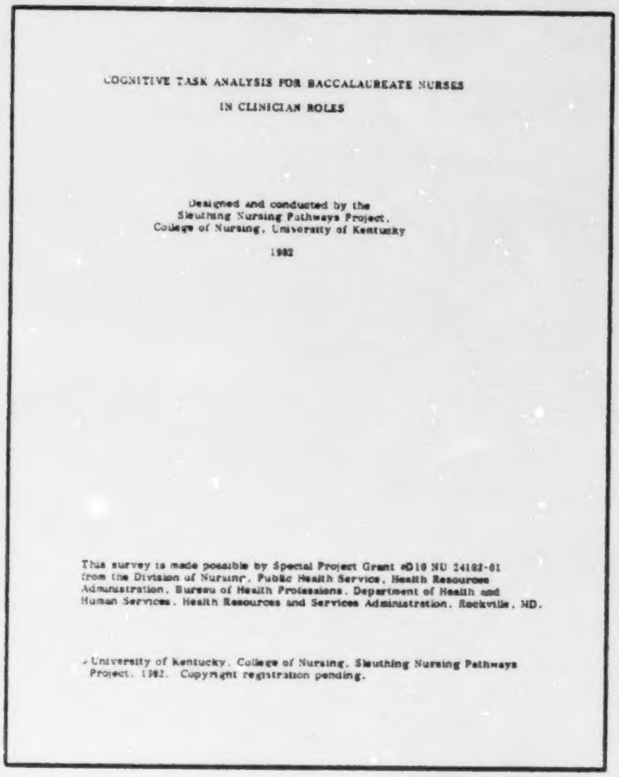
APPENDIX G

COGNITIVE TASK ANALYSIS QUESTIONNAIRE FOR REGISTERED NURSES IN CLINICIAN ROLES



COGNITIVE TASK ANALYSIS FOR BACCALAUREATE NURSES
IN CLINICIAN ROLES

Designed and conducted by the
Sleuthing Nursing Pathways Project,
College of Nursing, University of Kentucky

1982

This survey is made possible by Special Project Grant #D10 NU 24182-01 from the Division of Nursing, Public Health Service, Health Resources Administration, Bureau of Health Professions, Department of Health and Human Services, Health Resources and Services Administration, Rockville, MD.

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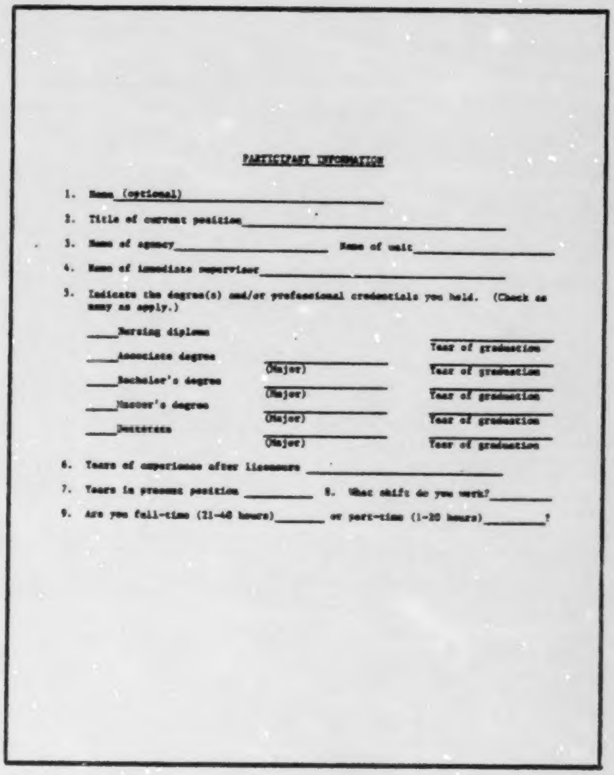
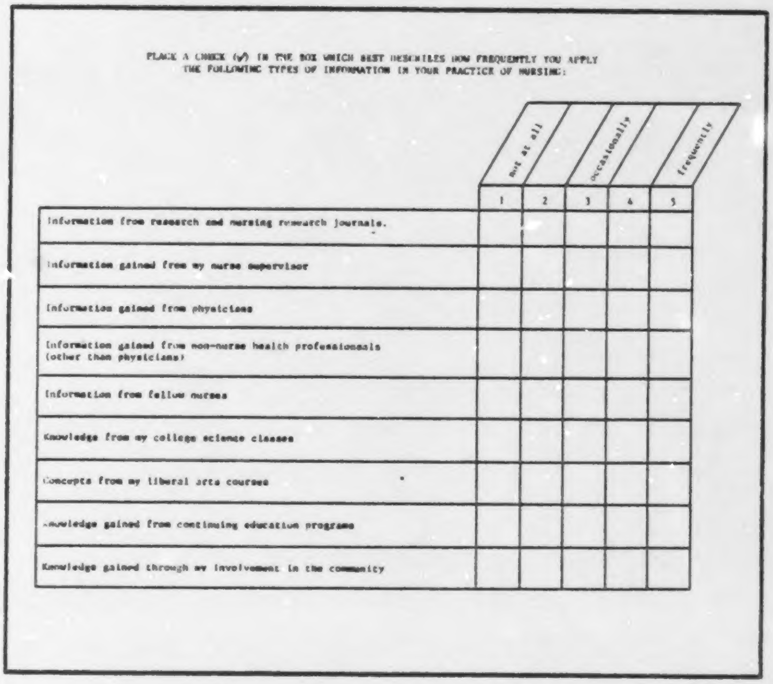


PARTICIPANT INFORMATION

1. Name (optional) ____________________
2. Title of current position ____________________
3. Name of agency ____________________ Name of unit ____________________
4. Name of immediate supervisor ____________________
5. Indicate the degree(s) and/or professional credentials you hold. (Check as many as apply.)

____Nursing diploma ____________ Year of graduation
____Associate degree ____________ (Major) ____________ Year of graduation
____Bachelor's degree ____________ (Major) ____________ Year of graduation
____Master's degree ____________ (Major) ____________ Year of graduation
____Doctorate ____________ (Major) ____________ Year of graduation

6. Years of experience after licensure ____________________
7. Years in present position __________ 8. What shift do you work? __________
9. Are you full-time (21-40 hours)_______ or part-time (1-20 hours)________?



PLACE A CHECK (✓) IN THE BOX WHICH BEST DESCRIBES HOW FREQUENTLY YOU APPLY THE FOLLOWING TYPES OF INFORMATION IN YOUR PRACTICE OF NURSING:

	not at all		occasionally		frequently
	1	2	3	4	5
Information from research and nursing research journals.					
Information gained from my nurse supervisor					
Information gained from physicians					
Information gained from non-nurse health professionals (other than physicians)					
Information from fellow nurses					
Knowledge from my college science classes					
Concepts from my liberal arts courses					
Knowledge gained from continuing education programs					
Knowledge gained through my involvement in the community					

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APPENDIX G (continued)

COGNITIVE TASK ANALYSIS QUESTIONNAIRE FOR REGISTERED NURSES IN CLINICIAN ROLES

Instructions: The items on pages 1 through 4 represent tasks sometimes carried out by nurses with clients in structured and unstructured settings.

Answer the following questions for all items on pages 1 - 4. Enter your answers in the column indicated by the arrow. Place the answers in the appropriate block using the following scale:

1 = not at all typical
2 = somewhat typical
3 = highly typical

QUESTION: HOW TYPICAL IS THIS TASK OF THE WORK YOU DO IN YOUR CURRENT JOB?

	↓						
Participating in the development of new approaches to the organization and delivery of health care services.							
Participating in the planning and development of community based health education programs.							
Guiding other nursing team members in planning, organizing and implementing nursing care.							
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.							
Engaging in an open exchange of ideas and information with physicians.							
Making decisions which require independent judgment.							
Participating in research in nursing.							
Evaluating the effectiveness of my own performance independently of the evaluation of physicians or nurse supervisors.							
Engaging in an open exchange of ideas and information with members of nursing staff.							
Participating in the development and presentation of inservice education for nurses in this agency.							
Serving on an agency committee or task force, or volunteering for agency projects.							
Guiding fellow nurses in the interpretation and use of research in nursing.							
Contributing ideas and information which have an influence on the ways in which health care is provided where I work.							
Participating in the assessment of community health needs.							
Referring clients to appropriate service settings and health care professionals.							
Developing a nursing diagnosis for each client with freedom from a physician's supervision.							
Instructing clients and their families in methods of preventive self care.							
Basing my nursing decisions primarily on concrete, verifiable physical signs.							
Developing client care plans which draw on the resources of other professionals.							
Explaining physiological or psychological pathology to clients.							
Instructing clients and their families in methods for management and self treatment of diagnosed problems.							
Conducting nursing assessment (i.e., formulating and validating inferences) with freedom from a physician's supervision.							
Assisting clients and their families in dealing with stress.							
Evaluating my nursing interventions in terms of client outcome criteria.							
Working in coordination with the services of other members of the health care team.							
Carrying out nursing interventions (i.e., providing care, counseling, making referrals, teaching) with independence from a physician's supervision.							
Conducting health screenings for members of the community.							
Implementing a comprehensive nursing care plan based on both short-term and long-term goals for individuals or groups.							
Performing physical assessments by inspection, palpation, percussion and auscultation techniques.							
Planning nursing care (i.e., defining objectives, establishing priorities, proposing interventions) with freedom from a physician's supervision.							
Assessing psychosocial factors affecting the health of both clients and families.							
Identifying clients' needs for referral to services provided by other agencies in the community.							
Adjusting nursing care on the basis of information about clients' value systems.							
Recording the nursing data (i.e., systematically documenting information about the physio-psycho-social components of an individual and/or family).							
Identifying clients' needs for referral to other health team professionals.							
Assessing clients' communication patterns and relationships.							
Initiating non-prescribed nursing action.							
Engaging in an open exchange of ideas and information with health care team members.							
Monitoring the outcomes of client referrals to other health team professionals.							

Instructions: Answer the following question for all items on pages 1 - 4. Enter your answers in the column indicated by the arrow. Place the answer in the appropriate block using the following scale:

1 = not at all
2 = not very well
3 = satisfactorily
4 = well
5 = very well

QUESTION: HOW WELL DO YOU PERFORM THIS TASK IN YOUR CURRENT JOB?

		↓					
Participating in the development of new approaches to the organization and delivery of health care services.							
Participating in the planning and development of community based health education programs.							
Guiding other nursing team members in planning, organizing and implementing nursing care.							
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.							
Engaging in an open exchange of ideas and information with physicians.							
Making decisions which require independent judgment.							
Participating in research in nursing.							
Evaluating the effectiveness of my own performance independently of the evaluation of physicians or nurse supervisors.							
Engaging in an open exchange of ideas and information with members of nursing staff.							
Participating in the development and presentation of inservice education for nurses in this agency.							
Serving on an agency committee or task force, or volunteering for agency projects.							
Guiding fellow nurses in the interpretation and use of research in nursing.							
Contributing ideas and information which have an influence on the ways in which health care is provided where I work.							
Participating in the assessment of community health needs.							
Referring clients to appropriate service settings and health care professionals.							
Developing a nursing diagnosis for each client with freedom from a physician's supervision.							
Instructing clients and their families in methods of preventive self care.							
Basing my nursing decisions primarily on concrete, verifiable physical signs.							
Developing client care plans which draw on the resources of other professionals.							
Explaining physiological or psychological pathology to clients.							
Instructing clients and their families in methods for management and self treatment of diagnosed problems.							
Conducting nursing assessment (i.e., formulating and validating inferences) with freedom from a physician's supervision.							
Assisting clients and their families in dealing with stress.							
Evaluating my nursing interventions in terms of client outcome criteria.							
Working in coordination with the services of other members of the health care team.							
Carrying out nursing interventions (i.e., providing care, counseling, making referrals, teaching) with independence from a physician's supervision.							
Conducting health screenings for members of the community.							
Implementing a comprehensive nursing care plan based on both short-term and long-term goals for individuals or groups.							
Performing physical assessments by inspection, palpation, percussion and auscultation techniques.							
Planning nursing care (i.e., defining objectives, establishing priorities, proposing interventions) with freedom from a physician's supervision.							
Assessing psychosocial factors affecting the health of both clients and families.							
Identifying clients' needs for referral to services provided by other agencies in the community.							
Adjusting nursing care on the basis of information about clients' value systems.							
Recording the nursing data (i.e., systematically documenting information about the physio-psycho-social components of an individual and/or family).							
Identifying clients' needs for referral to other health team professionals.							
Assessing clients' communication patterns and relationships.							
Initiating non-prescribed nursing action.							
Engaging in an open exchange of ideas and information with health care team members.							
Monitoring the outcomes of client referrals to other health team professionals.							

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APPENDIX C (continued)

COGNITIVE TASK ANALYSIS QUESTIONNAIRE FOR REGISTERED NURSES IN CLINICIAN ROLES

Instructions: Answer the following question for all items on pages 1 - 4. Enter your answer in the column indicated by the arrow. Place the answer in the appropriate block using the following scale:

1 = associate degree or diploma nursing program
2 = baccalaureate nursing program
3 = master's degree nursing program
4 = independent study
5 = inservice education program
6 = continuing education program
7 = on-the-job learning

QUESTION: WHERE DID YOU LEARN TO PERFORM THIS TASK? (Select the answer which represent's your most important source of learning.)

Participating in the development of new approaches in the organization and delivery of health care services.							
Participating in the planning and development of community based health education programs.							
Guiding other nursing team members in planning, organizing and implementing nursing care.							
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.							
Engaging in an open exchange of ideas and information with physicians.							
Making decisions which require independent judgment.							
Participating in research in nursing.							
Evaluating the effectiveness of my own performance independently of the evaluation of physicians or nurse supervisors.							
Engaging in an open exchange of ideas and information with members of nursing staff.							
Participating in the development and presentation of inservice education for nurses in this agency.							
Serving on an agency committee or task force, or volunteering for agency projects.							
Guiding fellow nurses in the interpretation and use of research in nursing.							
Contributing ideas and information which have an influence on the ways in which health care is provided where I work.							
Participating in the assessment of community health needs.							
Referring clients to appropriate service settings and health care professionals.							
Developing a nursing diagnosis for each client with freedom from a physician's supervision.							
Instructing clients and their families in methods of preventive self care.							
Basing my nursing decisions primarily on concrete, verifiable physical signs.							
Developing client care plans which draw on the resources of other professionals.							
Explaining physiological or psychological pathology to clients.							
Instructing clients and their families in methods for management and self treatment of diagnosed problems.							
Conducting nursing assessment (i.e., formulating and validating inferences) with freedom from a physicians's supervision.							
Assisting clients and their families in dealing with stress.							
Evaluating my nursing interventions in terms of client outcome criteria.							
Working in coordination with the services of other members of the health care team.							
Carrying out nursing interventions (i.e., providing care, counseling, making referrals, teaching) with independence from a physician's supervision.							
Conducting health screenings for members of the community.							
Implementing a comprehensive nursing care plan based on both short-term and long-term goals for individuals or groups.							
Performing physical assessments by inspection, palpation, percussion and auscultation techniques.							
Planning nursing care (i.e., defining objectives, establishing priorities, proposing interventions) with freedom from a physician's supervision.							
Assessing psychosocial factors affecting the health of both clients and families.							
Identifying clients' needs for referral to services provided by other agencies in the community.							
Adjusting nursing care on the basis of information about clients' value systems.							
Recording the nursing data (i.e., systematically documenting information about the physio-psycho-social components of an individual and/or family).							
Identifying clients' needs for referral to other health team professionals.							
Assessing clients' communication patterns and relationships.							
Initiating non-prescribed nursing action.							
Engaging in an open exchange of ideas and information with health care team members.							
Monitoring the outcomes of client referrals to other health team professionals.							

Instructions: Answer the following question for all items on pages 1 - 4. Enter your answer in the column indicated by the arrow. Place the answer the the appropriate block using the following scale

1 = not at all
2 = not very well
3 = satisfactorily
4 = very well
NA = not applicable

QUESTION: HOW WELL HAVE YOU BEEN PREPARED FOR THIS TASK?

Participating in the development of new approaches to the organization and delivery of health care services.							
Participating in the planning and development of community based health education programs.							
Guiding other nursing team members in planning, organizing and implementing nursing care.							
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.							
Engaging in an open exchange of ideas and information with physicians.							
Making decisions which require independent judgment.							
Participating in research in nursing.							
Evaluating the effectiveness of my own performance independently of the evaluation of physicians or nurse supervisors.							
Engaging in an open exchange of ideas and information with members of nursing staff.							
Participating in the development and presentation of inservice education for nurses in this agency.							
Serving on an agency committee or task force, or volunteering for agency projects.							
Guiding fellow nurses in the interpretation and use of research in nursing.							
Contributing ideas and information which have an influence on the ways in which health care is provided where I work.							
Participating in the assessment of community health needs.							
Referring clients to appropriate service settings and health care professionals.							
Developing a nursing diagnosis for each client with freedom from a physician's supervision.							
Instructing clients and their families in methods of preventive self care.							
Basing my nursing decisions primarily on concrete, verifiable physical signs.							
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Carrying out nursing interventions (i.e., providing care, counseling, making referrals, teaching) with independence from a physician's supervision.							
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Adjusting nursing care on the basis of information about clients' value systems.							
Recording the nursing data (i.e., systematically documenting information about the physio-psycho-social components of an individual and/or family).							
Identifying clients' needs for referral to other health team professionals.							
Assessing clients' communication patterns and relationships.							
Initiating non-prescribed nursing action.							
Engaging in an open exchange of ideas and information with health care team members.							
Monitoring the outcomes of client referrals to other health team professionals.							

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APPENDIX G (continued)

COGNITIVE TASK ANALYSIS QUESTIONNAIRE FOR REGISTERED NURSES IN CLINICIAN ROLES

Instructions: Answer the following question for all items on pages 1 - 4. Enter your answer in the column indicated by the arrow. Place the answer in the appropriate block using the following scale:

1 = prohibited
2 = discouraged
3 = permitted
4 = encouraged
5 = required

QUESTION: TO WHAT EXTENT ARE YOU PERMITTED TO PERFORM THIS TASK?

					↓		
Participating in the development of new approaches to the organization and delivery of health care services.							
Participating in the planning and development of community based health education programs.							
Guiding other nursing team members in planning, organizing and implementing nursing care.							
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.							
Engaging in an open exchange of ideas and information with physicians.							
Making decisions which require independent judgment.							
Participating in research in nursing.							
Evaluating the effectiveness of my own performance independently of the evaluation of physicians or nurse supervisors.							
Engaging in an open exchange of ideas and information with members of nursing staff.							
Participating in the development and presentation of inservice education for nurses in this agency.							
Serving on an agency committee or task force, or volunteering for agency projects.							
Guiding fellow nurses in the interpretation and use of research in nursing.							
Contributing ideas and information which have an influence on the ways in which health care is provided where I work.							
Participating in the assessment of community health needs.							
Referring clients to appropriate service settings and health care professionals.							
Developing a nursing diagnosis for each client with freedom from a physician's supervision.							
Instructing clients and their families in methods of preventive self care.							
Basing my nursing decisions primarily on concrete, verifiable physical signs.							
Developing client care plans which draw on the resources of other professionals.							
Explaining physiological or psychological pathology to clients.							
Instructing clients and their families in methods for management and self treatment of diagnosed problems.							
Conducting nursing assessment (i.e., formulating and validating inferences) with freedom from a physician's supervision.							
Assisting clients and their families in dealing with stress.							
Evaluating my nursing interventions in terms of client outcome criteria.							
Working in coordination with the services of other members of the health care team.							
Carrying out nursing interventions (i.e., providing care, counseling, making referrals, teaching) with independence from a physician's supervision.							
Conducting health screenings for members of the community.							
Implementing a comprehensive nursing care plan based on both short-term and long-term goals for individuals or groups.							
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Identifying clients' needs for referral to services provided by other agencies in the community.							
Adjusting nursing care on the basis of information about clients' value systems.							
Recording the nursing data (i.e., systematically documenting information about the physio-psycho-social components of an individual and/or family).							
Identifying clients' needs for referral to other health team professionals.							
Assessing clients' communication patterns and relationships.							
Initiating non-prescribed nursing action.							
Engaging in an open exchange of ideas and information with health care team members.							
Monitoring the outcomes of client referrals to other health team professionals.							

Instructions: Answer the following question for all items on pages 1 - 4. Enter your answer in the column indicated by the arrow. Place the answer in the appropriate block using the following scale:

1 = not at all important
2 = slightly important
3 = moderately important
4 = very important

QUESTION: HOW IMPORTANT IS IT TO YOU AS A PROFESSIONAL TO PERFORM THIS TASK?

						↓	
Participating in the development of new approaches to the organization and delivery of health care services.							
Participating in the planning and development of community based health education programs.							
Guiding other nursing team members in planning, organizing and implementing nursing care.							
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.							
Engaging in an open exchange of ideas and information with physicians.							
Making decisions which require independent judgment.							
Participating in research in nursing.							
Evaluating the effectiveness of my own performance independently of the evaluation of physicians or nurse supervisors.							
Engaging in an open exchange of ideas and information with members of nursing staff.							
Participating in the development and presentation of inservice education for nurses in this agency.							
Serving on an agency committee or task force, or volunteering for agency projects.							
Guiding fellow nurses in the interpretation and use of research in nursing.							
Contributing ideas and information which have an influence on the ways in which health care is provided where I work.							
Participating in the assessment of community health needs.							
Referring clients to appropriate service settings and health care professionals.							
Developing a nursing diagnosis for each client with freedom from a physician's supervision.							
Instructing clients and their families in methods of preventive self care.							
Basing my nursing decisions primarily on concrete, verifiable physical signs.							
Developing client care plans which draw on the resources of other professionals.							
Explaining physiological or psychological pathology to clients.							
Instructing clients and their families in methods for management and self treatment of diagnosed problems.							
Conducting nursing assessment (i.e., formulating and validating inferences) with freedom from a physician's supervision.							
Assisting clients and their families in dealing with stress.							
Evaluating my nursing interventions in terms of client outcome criteria.							
Working in coordination with the services of other members of the health care team.							
Carrying out nursing interventions (i.e., providing care, counseling, making referrals, teaching) with independence from a physician's supervision.							
Conducting health screenings for members of the community.							
Implementing a comprehensive nursing care plan based on both short-term and long-term goals for individuals or groups.							
Performing physical assessments by inspection, palpation, percussion and auscultation techniques.							
Planning nursing care (i.e., defining objectives, establishing priorities, proposing interventions) with freedom from a physician's supervision.							
Assessing psychosocial factors affecting the health of both clients and families.							
Identifying clients' needs for referral to services provided by other agencies in the community.							
Adjusting nursing care on the basis of information about clients' value systems.							
Recording the nursing data (i.e., systematically documenting information about the physio-psycho-social components of an individual and/or family).							
Identifying clients' needs for referral to other health team professionals.							
Assessing clients' communication patterns and relationships.							
Initiating non-prescribed nursing action.							
Engaging in an open exchange of ideas and information with health care team members.							
Monitoring the outcomes of client referrals to other health team professionals.							

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APPENDIX G (continued)

COGNITIVE TASK ANALYSIS QUESTIONNAIRE FOR REGISTERED NURSES IN CLINICIAN ROLES

ANSWER THIS QUESTION ONLY IF YOU GRADUATED FROM A DIPLOMA OR ASSOCIATE DEGREE RN PROGRAM BEFORE OBTAINING YOUR BACHELOR'S DEGREE

Instructions: Answer the following question for all items on pages 1 - [illegible]. Enter your answer in the column indicated by the arrow. Place the answer in the appropriate block using the following scale:

1 = more often now than pre-BSN
2 = about the same
3 = less often now than pre-BSN

QUESTION: HOW OFTEN DO YOU DO THIS TASK IN YOUR CURRENT JOB, COMPARED TO YOUR WORK AS AN RN (PRE-BSN)? ↓

Participating in the development of new approaches to the organization and delivery of health care services.								
Participating in the planning and development of community based health education programs.								
Guiding other nursing team members in planning, organizing and implementing nursing care.								
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.								
Engaging in an open exchange of ideas and information with physicians.								
Making decisions which require independent judgment.								
Participating in research in nursing.								
Evaluating the effectiveness of my own performance independently of the evaluation of physicians or nurse supervisors.								
Engaging in an open exchange of ideas and information with members of nursing staff.								
Participating in the development and presentation of inservice education for nurses in this agency.								
Serving on an agency committee or task force, or volunteering for agency projects.								
Guiding fellow nurses in the interpretation and use of research in nursing.								
Contributing ideas and information which have an influence on the ways in which health care is provided where I work.								
Participating in the assessment of community health needs.								
Referring clients to appropriate service settings and health care professionals.								
Developing a nursing diagnosis for each client with freedom from a physician's supervision.								
Instructing clients and their families in methods of preventive self care.								
Basing my nursing decisions primarily on concrete, verifiable physical signs.								
Developing client care plans which draw on the resources of other professionals.								
Explaining physiological or psychological pathology to clients.								
Instructing clients and their families in methods for management and self treatment of diagnosed problems.								
Conducting nursing assessment (i.e., formulating and validating inferences) with freedom from a physicians's supervision.								
Assisting clients and their families in dealing with stress.								
Evaluating my nursing interventions in terms of client outcome criteria.								
Working in coordination with the services of other members of the health care team.								
Carrying out nursing interventions (i.e., providing care, counseling, making referrals, teaching) with independence from a physician's supervision.								
Conducting health screenings for members of the community.								
Implementing a comprehensive nursing care plan based on both short-term and long-term goals for individuals or groups.								
Performing physical assessments by inspection, palpation, percussion and auscultation techniques.								
Planning nursing care (i.e. defining objectives, establishing priorities, proposing interventions) with freedom from a physician's supervision.								
Assessing psychosocial factors affecting the health of both clients and families.								
Identifying clients' needs for referral to services provided by other agencies in the community.								
Adjusting nursing care on the basis of information about clients' value systems.								
Recording the nursing data (i.e., systematically documenting information about the physio-psycho-social components of an individual and/or family).								
Identifying clients' needs for referral to other health team professionals.								
Assessing clients' communication patterns and relationships.								
Initiating non-prescribed nursing action.								
Engaging in an open exchange of ideas and information with health care team members.								
Monitoring the outcomes of client referrals to other health team professionals.								

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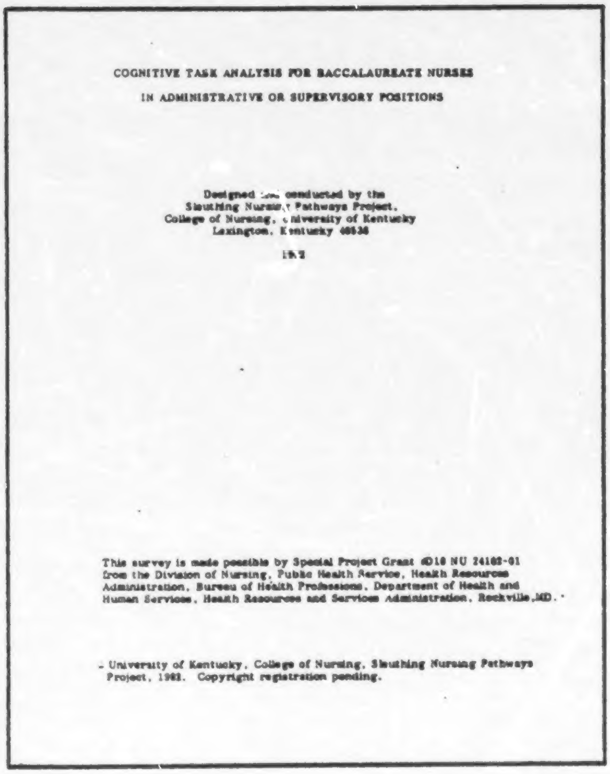
APPENDIX H

COGNITIVE TASK ANALYSIS QUESTIONNAIRE FOR REGISTERED NURSES IN SUPERVISORY OR ADMINISTRATIVE ROLES



COGNITIVE TASK ANALYSIS FOR BACCALAUREATE NURSES

IN ADMINISTRATIVE OR SUPERVISORY POSITIONS

Designed and conducted by the
Sleuthing Nursing Pathways Project,
College of Nursing, University of Kentucky
Lexington, Kentucky 40536

1982

This survey is made possible by Special Project Grant #D10 NU 24102-01 from the Division of Nursing, Public Health Service, Health Resources Administration, Bureau of Health Professions, Department of Health and Human Services, Health Resources and Services Administration, Rockville, MD.

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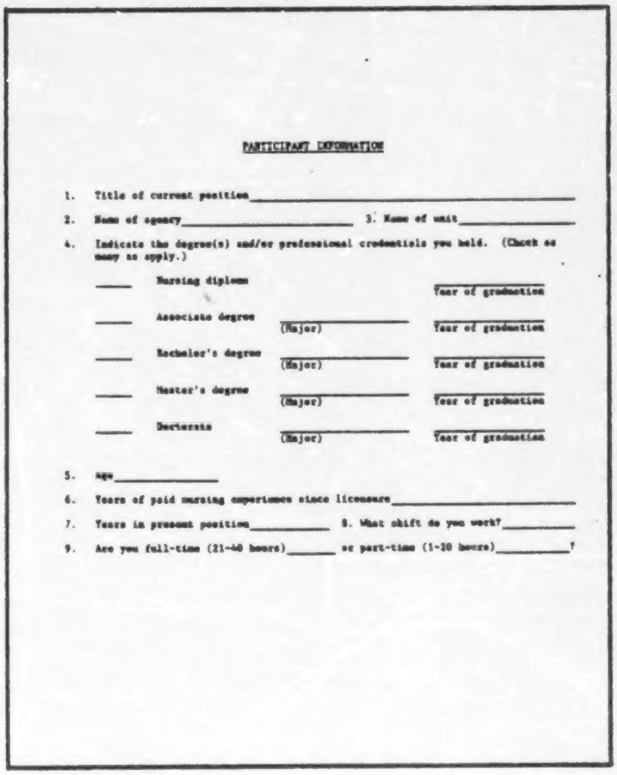


PARTICIPANT INFORMATION

1. Title of current position____________________

2. Name of agency________________ 3. Name of unit____________

4. Indicate the degree(s) and/or professional credentials you hold. (Check as many as apply.)

____ Nursing diploma ________ Year of graduation

____ Associate degree ________ (Major) ________ Year of graduation

____ Bachelor's degree ________ (Major) ________ Year of graduation

____ Master's degree ________ (Major) ________ Year of graduation

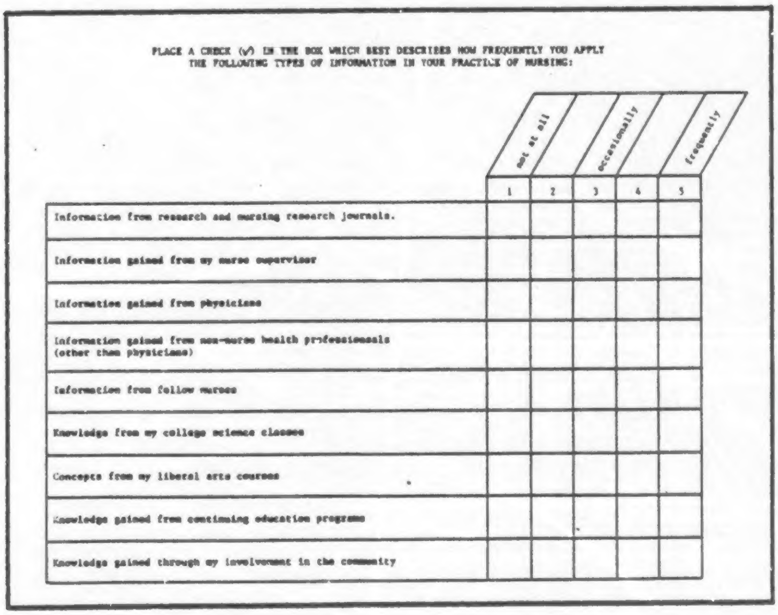
____ Doctorate ________ (Major) ________ Year of graduation

5. Age________

6. Years of paid nursing experience since licensure____________

7. Years in present position________ 8. What shift do you work?________

9. Are you full-time (21-40 hours)______ or part-time (1-20 hours)______?



PLACE A CHECK (✓) IN THE BOX WHICH BEST DESCRIBES HOW FREQUENTLY YOU APPLY THE FOLLOWING TYPES OF INFORMATION IN YOUR PRACTICE OF NURSING:

	not at all		occasionally		frequently
	1	2	3	4	5
Information from research and nursing research journals.					
Information gained from my nurse supervisor					
Information gained from physicians					
Information gained from non-nurse health professionals (other than physicians)					
Information from fellow nurses					
Knowledge from my college science classes					
Concepts from my liberal arts courses					
Knowledge gained from continuing education programs					
Knowledge gained through my involvement in the community					

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APPENDIX H (continued)

COGNITIVE TASK ANALYSIS QUESTIONNAIRE FOR REGISTERED NURSES IN SUPERVISORY OR ADMINISTRATIVE ROLES

Instructions: The items on pages 1 through 4 represent tasks sometimes carried out by nurses with clients in structured and unstructured settings.

Answer the following questions for all items on pages 1 - 4. Enter your answers in the column indicated by the arrow. Place the answers in the appropriate block using the following scale:

1 = not at all typical
2 = somewhat typical
3 = highly typical

QUESTION: HOW TYPICAL IS THIS TASK OF THE WORK YOU DO IN YOUR CURRENT JOB?

↓

Participating in the development of new approaches to the organization and delivery of health care services.							
Participating in the planning and development of community based health education programs.							
Guiding other nursing team members in planning, organizing and implementing nursing care.							
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.							
Engaging in an open exchange of ideas and information with physicians.							
Making decisions which require independent judgment.							
Participating in research in nursing.							
Evaluating the effectiveness of her/his performance independently of the evaluation of physicians or nurse supervisors.							
Engaging in an open exchange of ideas and information with members of nursing staff.							
Participating in the development and presentation of inservice education for nurses in this agency.							
Serving on an agency committee or task force, or volunteering for agency projects.							
Guiding fellow nurses in the interpretation and use of research in nursing.							
Contributing ideas and information which have an influence on the ways in which health care is provided within the agency.							
Participating in the assessment of community health needs.							
Establishing policies which allow nursing staff to conduct nursing assessments with freedom from a physician's supervision.							
Delegating responsibility for care on the basis of the assessment of nursing care needs.							
Advising staff nurses in the planning and pursuit of their own career goals.							
Evaluating the performance of nursing personnel according to predetermined criteria.							
Planning unit and/or departmental budgets.							
Establishing policies which allow nursing staff to collect nursing data with freedom from a physician's supervision.							
Advising nursing staff on ways of adjusting nursing care to clients' value systems.							
Engaging in an open exchange of ideas and information with peers from other health care departments.							
Establishing policies which promote the development of client care plans drawing upon the resources of other professionals.							
Planning the work of nursing staff in coordination with the services required from other health care team members or departments.							
Delegating responsibility for care on the basis of the skills of staff members.							
Establishing policies which allow nursing staff to carry out nursing intervention (i.e., providing care, counseling, making referrals, teaching) with freedom from a physician's supervision.							
Providing mechanisms for helping nursing staff to attend continuing education or college courses.							
Offering predictions of nursing care outcomes to nursing staff.							
Suggesting new solutions for health or nursing care problems.							
Establishing policies which allow nursing staff to plan nursing care (i.e., make nursing diagnoses, define objectives, establish priorities, propose interventions) with freedom from a physician's supervision.							
Participating in the planning and development of community health programs or services.							
Rewarding self-directed practice which has a scientific basis.							
Including others in decision making through participatory management.							

Instructions: Answer the following question for all items on pages 1 - 4. Enter your answers in the column indicated by the arrow. Place the answer in the appropriate block using the following scale:

1 = not at all
2 = not very well
3 = satisfactorily
4 = well
5 = very well

QUESTION: HOW WELL DO YOU PERFORM THIS TASK IN YOUR CURRENT JOB?

↓

Participating in the development of new approaches to the organization and delivery of health care services.							
Participating in the planning and development of community based health education programs.							
Guiding other nursing team members in planning, organizing and implementing nursing care.							
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.							
Engaging in an open exchange of ideas and information with physicians.							
Making decisions which require independent judgment.							
Participating in research in nursing.							
Evaluating the effectiveness of her/his performance independently of the evaluation of physicians or nurse supervisors.							
Engaging in an open exchange of ideas and information with members of nursing staff.							
Participating in the development and presentation of inservice education for nurses in this agency.							
Serving on an agency committee or task force, or volunteering for agency projects.							
Guiding fellow nurses in the interpretation and use of research in nursing.							
Contributing ideas and information which have an influence on the ways in which health care is provided within the agency.							
Participating in the assessment of community health needs.							
Establishing policies which allow nursing staff to conduct nursing assessments with freedom from a physician's supervision.							
Delegating responsibility for care on the basis of the assessment of nursing care needs.							
Advising staff nurses in the planning and pursuit of their own career goals.							
Evaluating the performance of nursing personnel according to predetermined criteria.							
Planning unit and/or departmental budgets.							
Establishing policies which allow nursing staff to collect nursing data with freedom from a physician's supervision.							
Advising nursing staff on ways of adjusting nursing care to clients' value systems.							
Engaging in an open exchange of ideas and information with peers from other health care departments.							
Establishing policies which promote the development of client care plans drawing upon the resources of other professionals.							
Planning the work of nursing staff in coordination with the services required from other health care team members or departments.							
Delegating responsibility for care on the basis of the skills of staff members.							
Establishing policies which allow nursing staff to carry out nursing intervention (i.e., providing care, counseling, making referrals, teaching) with freedom from a physician's supervision.							
Providing mechanisms for helping nursing staff to attend continuing education or college courses.							
Offering predictions of nursing care outcomes to nursing staff.							
Suggesting new solutions for health or nursing care problems.							
Establishing policies which allow nursing staff to plan nursing care (i.e., make nursing diagnoses, define objectives, establish priorities, propose interventions) with freedom from a physician's supervision.							
Participating in the planning and development of community health programs or services.							
Rewarding self-directed practice which has a scientific basis.							
Including others in decision making through participatory management.							

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APPENDIX H (continued)

COGNITIVE TASK ANALYSIS QUESTIONNAIRE FOR REGISTERED NURSES IN SUPERVISORY OR ADMINISTRATIVE ROLES

Instructions: Answer the following question for all items on pages 1 - 4. Enter your answer in the column indicated by the arrow. Place the answer in the appropriate block using the following scale:

1 = associate degree or diploma nursing program
2 = baccalaureate nursing program
3 = master's degree nursing program
4 = independent study
5 = inservice education program
6 = continuing education program
7 = on-the-job learning

QUESTION: WHERE DID YOU LEARN TO PERFORM THIS TASK? (Select the answer which represents your most important source of learning.)

			↓				
Participating in the development of new approaches to the organization and delivery of health care services.							
Participating in the planning and development of community based health education programs.							
Guiding other nursing team members in planning, organizing and implementing nursing care.							
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.							
Engaging in an open exchange of ideas and information with physicians.							
Making decisions which require independent judgment.							
Participating in research in nursing.							
Evaluating the effectiveness of her/his performance independently of the evaluation of physicians or nurse supervisors.							
Engaging in an open exchange of ideas and information with members of nursing staff.							
Participating in the development and presentation of inservice education for nurses in this agency.							
Serving on an agency committee or task force, or volunteering for agency projects.							
Guiding fellow nurses in the interpretation and use of research in nursing.							
Contributing ideas and information which have an influence on the ways in which health care is provided within the agency.							
Participating in the assessment of community health needs.							
Establishing policies which allow nursing staff to conduct nursing assessments with freedom from a physician's supervision.							
Delegating responsibility for care on the basis of the assessment of nursing care needs.							
Advising staff nurses in the planning and pursuit of their own career goals.							
Evaluating the performance of nursing personnel according to predetermined criteria.							
Planning unit and/or departmental budgets.							
Establishing policies which allow nursing staff to collect nursing data with freedom from a physician's supervision.							
Advising nursing staff on ways of adjusting nursing care to clients' value systems.							
Engaging in an open exchange of ideas and information with peers from other health care departments.							
Establishing policies which promote the development of client care plans drawing upon the resources of other professionals.							
Planning the work of nursing staff in coordination with the services required from other health care team members or departments.							
Delegating responsibility for care on the basis of the skills of staff members.							
Establishing policies which allow nursing staff to carry out nursing intervention (i.e., providing care, counseling, making referrals, teaching) with freedom from a physician's supervision.							
Providing mechanisms for helping nursing staff to attend continuing education or college courses.							
Offering predictions of nursing care outcomes to nursing staff.							
Suggesting new solutions for health or nursing care problems.							
Establishing policies which allow nursing staff to plan nursing care (i.e., make nursing diagnoses, define objectives, establish priorities, propose interventions) with freedom from a physician's supervision.							
Participating in the planning and development of community health programs or services.							
Rewarding self-directed practice which has a scientific basis.							
Including others in decision making through participatory management.							

Instructions: Answer the following question for all items on pages 1 - 4. Enter your answer in the column indicated by the arrow. Place the answer the the appropriate block using the following scale

1 = not at all
2 = not very well
3 = satisfactorily
4 = very well
NA = not applicable

QUESTION: HOW WELL HAVE YOU BEEN PREPARED FOR THIS TASK?

				↓			
Participating in the development of new approaches to the organization and delivery of health care services.							
Participating in the planning and development of community based health education programs.							
Guiding other nursing team members in planning, organizing and implementing nursing care.							
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.							
Engaging in an open exchange of ideas and information with physicians.							
Making decisions which require independent judgment.							
Participating in research in nursing.							
Evaluating the effectiveness of her/his performance independently of the evaluation of physicians or nurse supervisors.							
Engaging in an open exchange of ideas and information with members of nursing staff.							
Participating in the development and presentation of inservice education for nurses in this agency.							
Serving on an agency committee or task force, or volunteering for agency projects.							
Guiding fellow nurses in the interpretation and use of research in nursing.							
Contributing ideas and information which have an influence on the ways in which health care is provided within the agency.							
Participating in the assessment of community health needs.							
Establishing policies which allow nursing staff to conduct nursing assessments with freedom from a physician's supervision.							
Delegating responsibility for care on the basis of the assessment of nursing care needs.							
Advising staff nurses in the planning and pursuit of their own career goals.							
Evaluating the performance of nursing personnel according to predetermined criteria.							
Planning unit and/or departmental budgets.							
Establishing policies which allow nursing staff to collect nursing data with freedom from a physician's supervision.							
Advising nursing staff on ways of adjusting nursing care to clients' value systems.							
Engaging in an open exchange of ideas and information with peers from other health care departments.							
Establishing policies which promote the development of client care plans drawing upon the resources of other professionals.							
Planning the work of nursing staff in coordination with the services required from other health care team members or departments.							
Delegating responsibility for care on the basis of the skills of staff members.							
Establishing policies which allow nursing staff to carry out nursing intervention (i.e., providing care, counseling, making referrals, teaching) with freedom from a physician's supervision.							
Providing mechanisms for helping nursing staff to attend continuing education or college courses.							
Offering predictions of nursing care outcomes to nursing staff.							
Suggesting new solutions for health or nursing care problems.							
Establishing policies which allow nursing staff to plan nursing care (i.e., make nursing diagnoses, define objectives, establish priorities, propose interventions) with freedom from a physician's supervision.							
Participating in the planning and development of community health programs or services.							
Rewarding self-directed practice which has a scientific basis.							
Including others in decision making through participatory management.							

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APPENDIX H (continued)

COGNITIVE TASK ANALYSIS QUESTIONNAIRE FOR REGISTERED NURSES IN ADMINISTRATIVE OR SUPERVISORY ROLES

Instructions: Answer the following question for all items on pages 1 - 4. Enter your answer in the column indicated by the arrow. Place the answer in the appropriate block using the following scale:

1 = prohibited
2 = discouraged
3 = permitted
4 = encouraged
5 = required

QUESTION: TO WHAT EXTENT ARE YOU PERMITTED TO PERFORM THIS TASK?

						↓	
Participating in the development of new approaches to the organization and delivery of health care services.							
Participating in the planning and development of community based health education programs.							
Guiding other nursing team members in planning, organizing and implementing nursing care.							
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.							
Engaging in an open exchange of ideas and information with physicians.							
Making decisions which require independent judgment.							
Participating in research in nursing.							
Evaluating the effectiveness of her/his performance independently of the evaluation of physicians or nurse supervisors.							
Engaging in an open exchange of ideas and information with members of nursing staff.							
Participating in the development and presentation of inservice education for nurses in this agency.							
Serving on an agency committee or task force, or volunteering for agency projects.							
Guiding fellow nurses in the interpretation and use of research in nursing.							
Contributing ideas and information which have an influence on the ways in which health care is provided within the agency.							
Participating in the assessment of community health needs.							
Establishing policies which allow nursing staff to conduct nursing assessments with freedom from a physician's supervision.							
Delegating responsibility for care on the basis of the assessment of nursing care needs.							
Advising staff nurses in the planning and pursuit of their own career goals.							
Evaluating the performance of nursing personnel according to predetermined criteria.							
Planning unit and/or departmental budgets.							
Establishing policies which allow nursing staff to collect nursing data with freedom from a physician's supervision.							
Advising nursing staff on ways of adjusting nursing care to clients' value systems.							
Engaging in an open exchange of ideas and information with peers from other health care departments.							
Establishing policies which promote the development of client care plans drawing upon the resources of other professionals.							
Planning the work of nursing staff in coordination with the services required from other health care team members or departments.							
Delegating responsibility for care on the basis of the skills of staff members.							
Establishing policies which allow nursing staff to carry out nursing intervention (i.e., providing care, counseling, making referrals, teaching) with freedom from a physician's supervision.							
Providing mechanisms for helping nursing staff to attend continuing education or college courses.							
Offering predictions of nursing care outcomes to nursing staff.							
Suggesting new solutions for health or nursing care problems.							
Establishing policies which allow nursing staff to plan nursing care (i.e., make nursing diagnoses, define objectives, establish priorities, propose interventions) with freedom from a physician's supervision.							
Participating in the planning and development of community health programs or services.							
Rewarding self-directed practice which has a scientific basis.							
Including others in decision making through participatory management.							

Instructions: Answer the following question for all items on pages 1 - 4. Enter your answer in the column indicated by the arrow. Place the answer in the appropriate block using the following scale:

1 = not at all important
2 = slightly important
3 = moderately important
4 = very important

QUESTION: HOW IMPORTANT IS IT TO YOU AS A PROFESSIONAL TO PERFORM THIS TASK?

						↓	
Participating in the development of new approaches to the organization and delivery of health care services.							
Participating in the planning and development of community based health education programs.							
Guiding other nursing team members in planning, organizing and implementing nursing care.							
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.							
Engaging in an open exchange of ideas and information with physicians.							
Making decisions which require independent judgment.							
Participating in research in nursing.							
Evaluating the effectiveness of her/his performance independently of the evaluation of physicians or nurse supervisors.							
Engaging in an open exchange of ideas and information with members of nursing staff.							
Participating in the development and presentation of inservice education for nurses in this agency.							
Serving on an agency committee or task force, or volunteering for agency projects.							
Guiding fellow nurses in the interpretation and use of research in nursing.							
Contributing ideas and information which have an influence on the ways in which health care is provided within the agency.							
Participating in the assessment of community health needs.							
Establishing policies which allow nursing staff to conduct nursing assessments with freedom from a physician's supervision.							
Delegating responsibility for care on the basis of the assessment of nursing care needs.							
Advising staff nurses in the planning and pursuit of their own career goals.							
Evaluating the performance of nursing personnel according to predetermined criteria.							
Planning unit and/or departmental budgets.							
Establishing policies which allow nursing staff to collect nursing data with freedom from a physician's supervision.							
Advising nursing staff on ways of adjusting nursing care to clients' value systems.							
Engaging in an open exchange of ideas and information with peers from other health care departments.							
Establishing policies which promote the development of client care plans drawing upon the resources of other professionals.							
Planning the work of nursing staff in coordination with the services required from other health care team members or departments.							
Delegating responsibility for care on the basis of the skills of staff members.							
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Providing mechanisms for helping nursing staff to attend continuing education or college courses.							
Offering predictions of nursing care outcomes to nursing staff.							
Suggesting new solutions for health or nursing care problems.							
Establishing policies which allow nursing staff to plan nursing care (i.e., make nursing diagnoses, define objectives, establish priorities, propose interventions) with freedom from a physician's supervision.							
Participating in the planning and development of community health programs or services.							
Rewarding self-directed practice which has a scientific basis.							
Including others in decision making through participatory management.							

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APPENDIX H (continued)

COGNITIVE TASK ANALYSIS QUESTIONNAIRE FOR REGISTERED NURSES IN SUPERVISORY OR ADMINISTRATIVE ROLES

ANSWER THIS QUESTION ONLY IF YOU GRADUATED FROM A DIPLOMA OR ASSOCIATE DEGREE RN PROGRAM BEFORE OBTAINING YOUR BACHELOR'S DEGREE

Instructions: Answer the following question for all items on pages 1 - 4. Enter your answer in the column indicated by the arrow. Place the answer in the appropriate block using the following scale:

1 = more often now than pre-BSN
2 = about the same
3 = less often now than pre-BSN

QUESTION: HOW OFTEN DO YOU DO THIS TASK IN YOUR CURRENT JOB, COMPARED TO YOUR WORK AS AN RN (PRE-BSN)?

↓

Participating in the development of new approaches to the organization and delivery of health care services.							
Participating in the planning and development of community based health education programs.							
Guiding other nursing team members in planning, organizing and implementing nursing care.							
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.							
Engaging in an open exchange of ideas and information with physicians.							
Making decisions which require independent judgment.							
Participating in research in nursing.							
Evaluating the effectiveness of her/his performance independently of the evaluation of physicians or nurse supervisors.							
Engaging in an open exchange of ideas and information with members of nursing staff.							
Participating in the development and presentation of inservice education for nurses in this agency.							
Serving on an agency committee or task force, or volunteering for agency projects.							
Guiding fellow nurses in the interpretation and use of research in nursing.							
Contributing ideas and information which have an influence on the ways in which health care is provided within the agency.							
Participating in the assessment of community health needs.							
Establishing policies which allow nursing staff to conduct nursing assessments with freedom from a physician's supervision.							
Delegating responsibility for care on the basis of the assessment of nursing care needs.							
Advising staff nurses in the planning and pursuit of their own career goals.							
Evaluating the performance of nursing personnel according to predetermined criteria.							
Planning unit and/or departmental budgets.							
Establishing policies which allow nursing staff to collect nursing data with freedom from a physician's supervision.							
Advising nursing staff on ways of adjusting nursing care to clients' value systems.							
Engaging in an open exchange of ideas and information with peers from other health care departments.							
Establishing policies which promote the development of client care plans drawing upon the resources of other professionals.							
Planning the work of nursing staff in coordination with the services required from other health care team members or departments.							
Delegating responsibility for care on the basis of the skills of staff members.							
Establishing policies which allow nursing staff to carry out nursing intervention (i.e., providing care, counseling, making referrals, teaching) with freedom from a physician's supervision.							
Providing mechanisms for helping nursing staff to attend continuing education or college courses.							
Offering predictions of nursing care outcomes to nursing staff.							
Suggesting new solutions for health or nursing care problems.							
Establishing policies which allow nursing staff to plan nursing care (i.e., make nursing diagnoses, define objectives, establish priorities, propose interventions) with freedom from a physician's supervision.							
Participating in the planning and development of community health programs or services.							
Rewarding self-directed practice which has a scientific basis.							
Including others in decision making through participatory management.							

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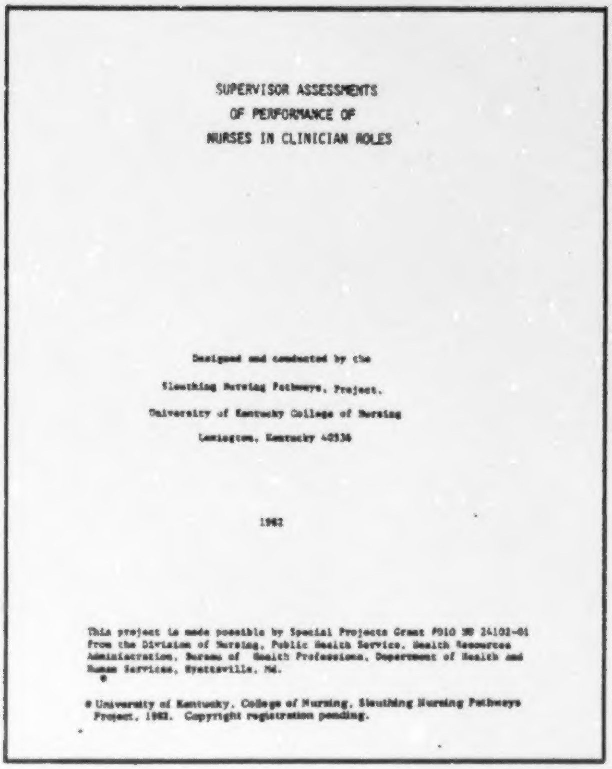
APPENDIX I

SUPERVISOR ASSESSMENT QUESTIONNAIRE FOR REGISTERED NURSES IN CLINICIAN ROLES



SUPERVISOR ASSESSMENTS
OF PERFORMANCE OF
NURSES IN CLINICIAN ROLES

Designed and conducted by the
Sleuthing Nursing Pathways, Project,
University of Kentucky College of Nursing
Lexington, Kentucky 40536

1982

This project is made possible by Special Projects Grant #D10 NU 24102-01 from the Division of Nursing, Public Health Service, Health Resources Administration, Bureau of Health Professions, Department of Health and Human Services, Hyattsville, Md.

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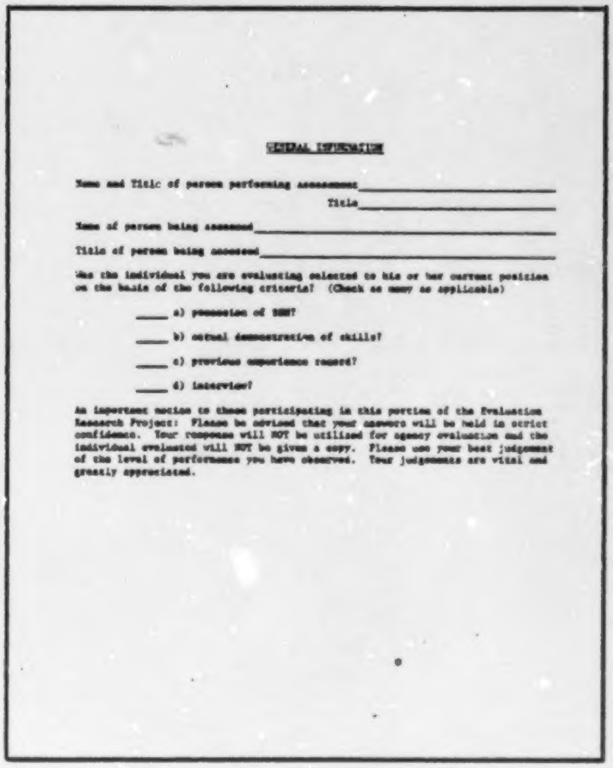

GENERAL INFORMATION

Name and Title of person performing assessment____________________
Title____________________

Name of person being assessed____________________

Title of person being assessed____________________

Was the individual you are evaluating selected to his or her current position on the basis of the following criteria? (Check as many as applicable)

____ a) possession of BSN?

____ b) actual demonstration of skills?

____ c) previous experience record?

____ d) interview?

An important notice to those participating in this portion of the Evaluation Research Project: Please be advised that your answers will be held in strict confidence. Your response will NOT be utilized for agency evaluation and the individual evaluated will NOT be given a copy. Please use your best judgement of the level of performance you have observed. Your judgements are vital and greatly appreciated.

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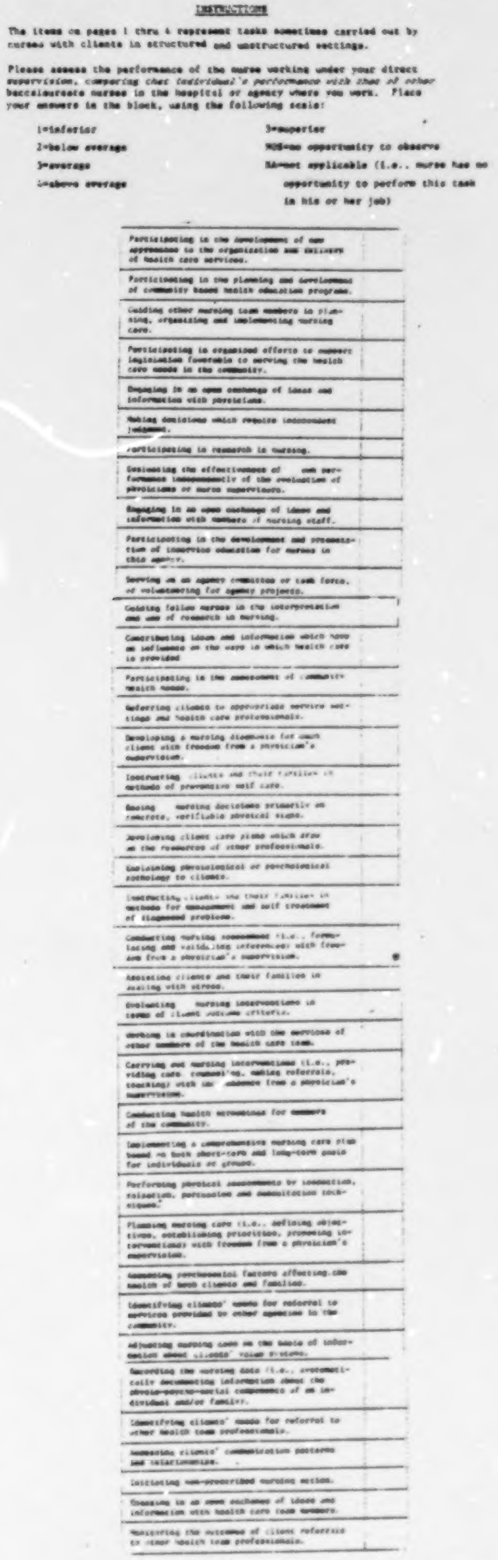
APPENDIX I (continued)

SUPERVISOR ASSESSMENT QUESTIONNAIRE FOR REGISTERED NURSES IN CLINICIAN ROLES



INSTRUCTIONS

The items on pages 1 thru 4 represent tasks sometimes carried out by nurses with clients in structured and unstructured settings.

Please assess the performance of the nurse working under your direct supervision, comparing that individual's performance with that of other baccalaureate nurses in the hospital or agency where you work. Place your answers in the block, using the following scale:

1=inferior
2=below average
3=average
4=above average
5=superior
NOO=no opportunity to observe
NA=not applicable (i.e., nurse has no opportunity to perform this task in his or her job)

Participating in the development of new approaches to the organization and delivery of health care services.	
Participating in the planning and development of community based health education programs.	
Guiding other nursing team members in planning, organizing and implementing nursing care.	
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.	
Engaging in an open exchange of ideas and information with physicians.	
Making decisions which require independent judgment.	
Participating in research in nursing.	
Evaluating the effectiveness of own performance independently of the evaluation of physicians or nurse supervisors.	
Engaging in an open exchange of ideas and information with members of nursing staff.	
Participating in the development and presentation of inservice education for nurses in this agency.	
Serving on an agency committee or task force, or volunteering for agency projects.	
Guiding fellow nurses in the interpretation and use of research in nursing.	
Contributing ideas and information which have an influence on the ways in which health care is provided	
Participating in the assessment of community health needs.	
Referring clients to appropriate service settings and health care professionals.	
Developing a nursing diagnosis for each client with freedom from a physician's supervision.	
Instructing clients and their families in methods of preventive self care.	
Basing nursing decisions primarily on concrete, verifiable physical signs.	
Developing client care plans which draw on the resources of other professionals.	
Explaining physiological or psychological pathology to clients.	
Instructing clients and their families in methods for management and self treatment of diagnosed problems.	
Conducting nursing assessment (i.e., formulating and validating inferences) with freedom from a physician's supervision.	
Assisting clients and their families in dealing with stress.	
Evaluating nursing interventions in terms of client outcome criteria.	
Working in coordination with the services of other members of the health care team.	
Carrying out nursing interventions (i.e., providing care, counseling, making referrals, teaching) with independence from a physician's supervision.	
Conducting health screenings for members of the community.	
Implementing a comprehensive nursing care plan based on both short-term and long-term goals for individuals or groups.	
Performing physical assessments by inspection, palpation, percussion and auscultation techniques.	
Planning nursing care (i.e., defining objectives, establishing priorities, proposing interventions) with freedom from a physician's supervision.	
Assessing psychosocial factors affecting the health of both clients and families.	
Identifying clients' needs for referral to services provided by other agencies in the community.	
Adjusting nursing care on the basis of information about clients' value systems.	
Recording the nursing data (i.e., systematically documenting information about the physio-psycho-social components of an individual and/or family).	
Identifying clients' needs for referral to other health team professionals.	
Assessing clients' communication patterns and relationships.	
Initiating non-prescribed nursing action.	
Engaging in an open exchange of ideas and information with health care team members.	
Monitoring the outcomes of client referrals to other health team professionals.	

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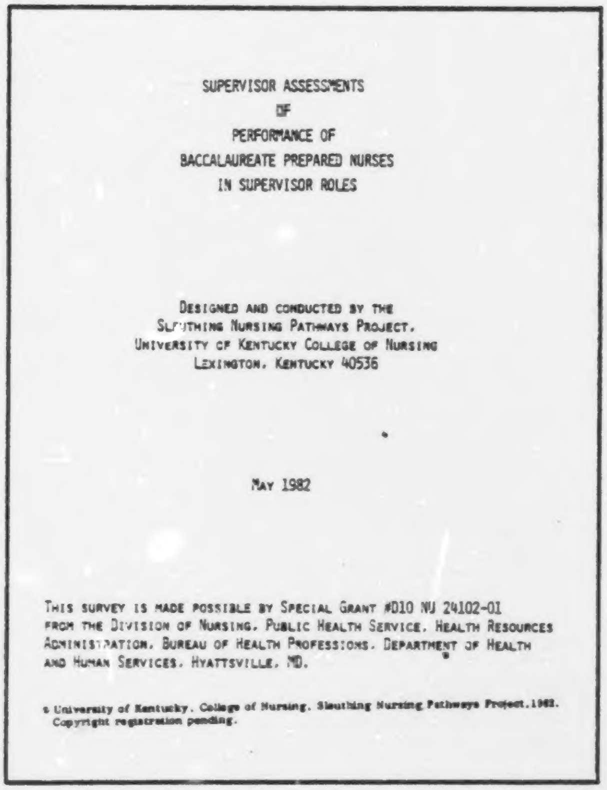
APPENDIX J

SUPERVISOR ASSESSMENT QUESTIONNAIRE FOR REGISTERED NURSES IN SUPERVISOR ROLES



SUPERVISOR ASSESSMENTS
OF
PERFORMANCE OF
BACCALAUREATE PREPARED NURSES
IN SUPERVISOR ROLES

DESIGNED AND CONDUCTED BY THE
SLEUTHING NURSING PATHWAYS PROJECT,
UNIVERSITY OF KENTUCKY COLLEGE OF NURSING
LEXINGTON, KENTUCKY 40536

MAY 1982

THIS SURVEY IS MADE POSSIBLE BY SPECIAL GRANT #D10 NU 24102-01 FROM THE DIVISION OF NURSING, PUBLIC HEALTH SERVICE, HEALTH RESOURCES ADMINISTRATION, BUREAU OF HEALTH PROFESSIONS, DEPARTMENT OF HEALTH AND HUMAN SERVICES, HYATTSVILLE, MD.

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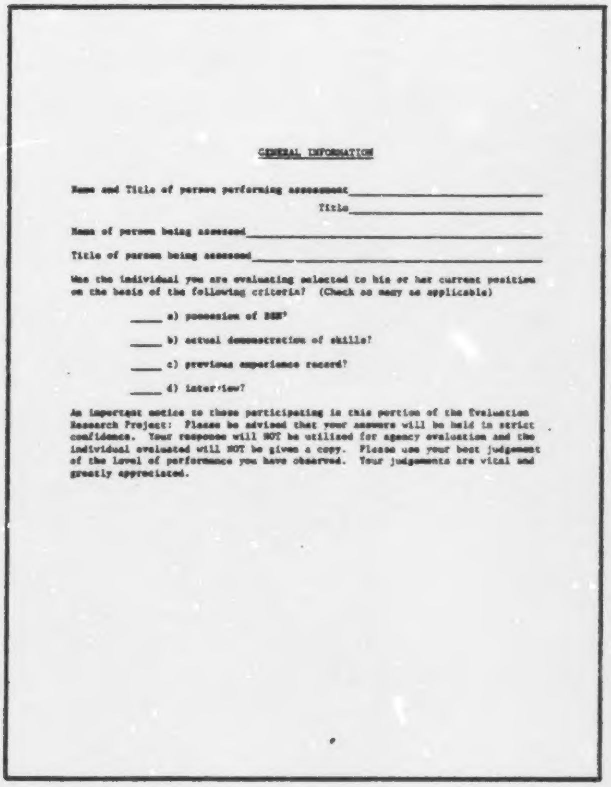

GENERAL INFORMATION

Name and Title of person performing assessment________________

Title________________

Name of person being assessed________________

Title of person being assessed________________

Was the individual you are evaluating selected to his or her current position on the basis of the following criteria? (Check as many as applicable)

____ a) possession of BSN?

____ b) actual demonstration of skills?

____ c) previous experience record?

____ d) interview?

An important notice to those participating in this portion of the Evaluation Research Project: Please be advised that your answers will be held in strict confidence. Your response will NOT be utilized for agency evaluation and the individual evaluated will NOT be given a copy. Please use your best judgement of the level of performance you have observed. Your judgements are vital and greatly appreciated.

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APPENDIX J (continued)

SUPERVISOR ASSESSMENT QUESTIONNAIRE FOR REGISTERED NURSES IN SUPERVISOR ROLES

INSTRUCTIONS

The items on pages 1 thru 4 represent tasks sometimes carried out by nurses with clients in structured and unstructured settings.

Please assess the performance of the nurse working under your direct supervision, comparing that individual's performance with that of other baccalaureate nurses in the hospital or agency where you work. Place your answers in the block, using the following scale:

1=inferior
2=below average
3=average
4=above average
5=superior
NOO=no opportunity to observe
NA=not applicable (i.e., nurse has no opportunity to perform this task in his or her job)

Participating in the development of new approaches to the organization and delivery of health care services.	
Participating in the planning and development of community based health education programs.	
Guiding other nursing team members in planning, organizing and implementing nursing care.	
Participating in organized efforts to support legislation favorable to serving the health care needs in the community.	
Engaging in an open exchange of ideas and information with physicians.	
Making decisions which require independent judgment.	
Participating in research in nursing.	
Evaluating the effectiveness of her/his performance independently of the evaluation of physicians or nurse supervisors.	
Engaging in an open exchange of ideas and information with members of nursing staff.	
Participating in the development and presentation of inservice education for nurses in this agency.	
Serving on an agency committee or task force, or volunteering for agency projects.	
Guiding fellow nurses in the interpretation and use of research in nursing.	
Contributing ideas and information which have an influence on the ways in which health care is provided within the agency.	
Participating in the assessment of community health needs.	
Establishing policies which allow nursing staff to conduct nursing assessments with freedom from a physician's supervision.	
Delegating responsibility for care on the basis of the assessment of nursing care needs.	
Advising staff nurses in the planning and pursuit of their own career goals.	
Evaluating the performance of nursing personnel according to predetermined criteria.	
Planning unit and/or departmental budgets.	
Establishing policies which allow nursing staff to collect nursing data with freedom from a physician's supervision.	
Advising nursing staff on ways of adjusting nursing care to clients' value systems.	
Engaging in an open exchange of ideas and information with peers from other health care departments.	
Establishing policies which promote the development of client care plans drawing upon the resources of other professionals.	
Planning the work of nursing staff in coordination with the services required from other health care team members or departments.	
Delegating responsibility for care on the basis of the skills of staff members.	
Establishing policies which allow nursing staff to carry out nursing intervention (i.e., providing care, counseling, making referrals, teaching) with freedom from a physician's supervision.	
Providing mechanisms for helping nursing staff to attend continuing education or college courses.	
Offering predictions of nursing care outcomes to nursing staff.	
Suggesting new solutions for health or nursing care problems.	
Establishing policies which allow nursing staff to plan nursing care (i.e., make nursing diagnoses, define objectives, establish priorities, propose interventions) with freedom from a physician's supervision.	
Participating in the planning and development of community health programs or services.	
Rewarding self-directed practice which has a scientific basis.	
Including others in decision making through participatory management.	

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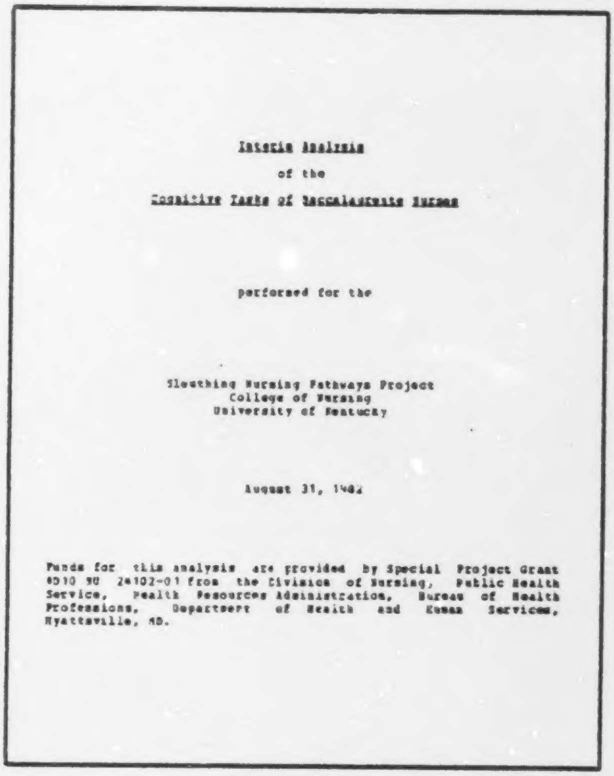
appendix K

SUMMARY: EXTERNAL EVALUATORS' INTERIM ANALYSIS OF COGNITIVE TASK ANALYSIS DATA



Interim Analysis

of the

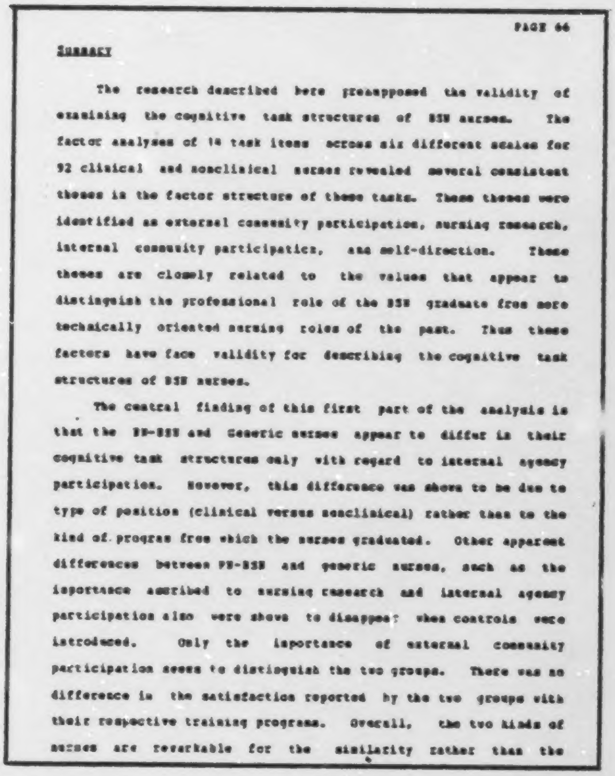
Cognitive Tasks of Baccalaureate Nurses

performed for the

Sleuthing Nursing Pathways Project
College of Nursing
University of Kentucky

August 31, 1982

Funds for this analysis are provided by Special Project Grant #D10 NU 24102-01 from the Division of Nursing, Public Health Service, Health Resources Administration, Bureau of Health Professions, Department of Health and Human Services, Hyattsville, MD.



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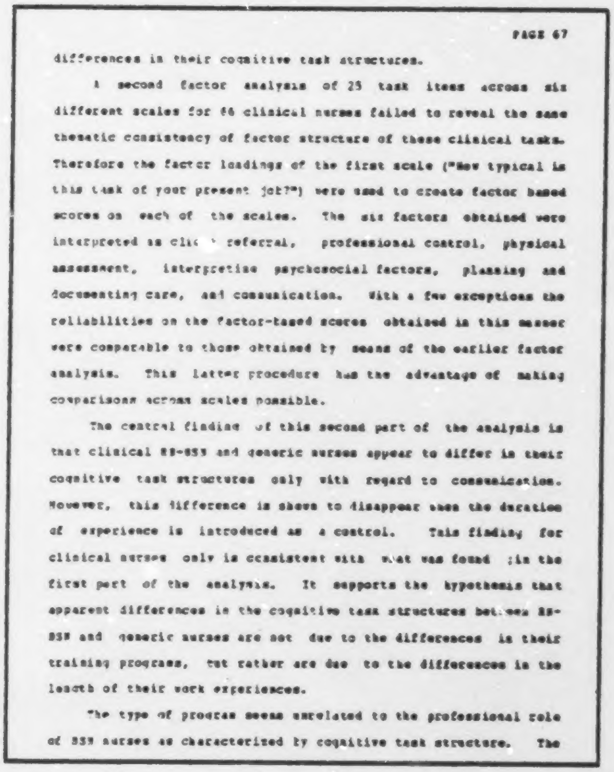
Summary

The research described here presupposed the validity of examining the cognitive task structures of BSN nurses. The factor analyses of 14 task items across six different scales for 92 clinical and nonclinical nurses revealed several consistent themes in the factor structure of these tasks. These themes were identified as external community participation, nursing research, internal community participation, and self-direction. These themes are closely related to the values that appear to distinguish the professional role of the BSN graduate from more technically oriented nursing roles of the past. Thus these factors have face validity for describing the cognitive task structures of BSN nurses.

The central finding of this first part of the analysis is that the RN-BSN and Generic nurses appear to differ in their cognitive task structures only with regard to internal agency participation. However, this difference was shown to be due to type of position (clinical versus nonclinical) rather than to the kind of program from which the nurses graduated. Other apparent differences between RN-BSN and generic nurses, such as the importance ascribed to nursing research and internal agency participation also were shown to disappear when controls were introduced. Only the importance of external community participation seems to distinguish the two groups. There was no difference in the satisfaction reported by the two groups with their respective training programs. Overall, the two kinds of nurses are remarkable for the similarity rather than the



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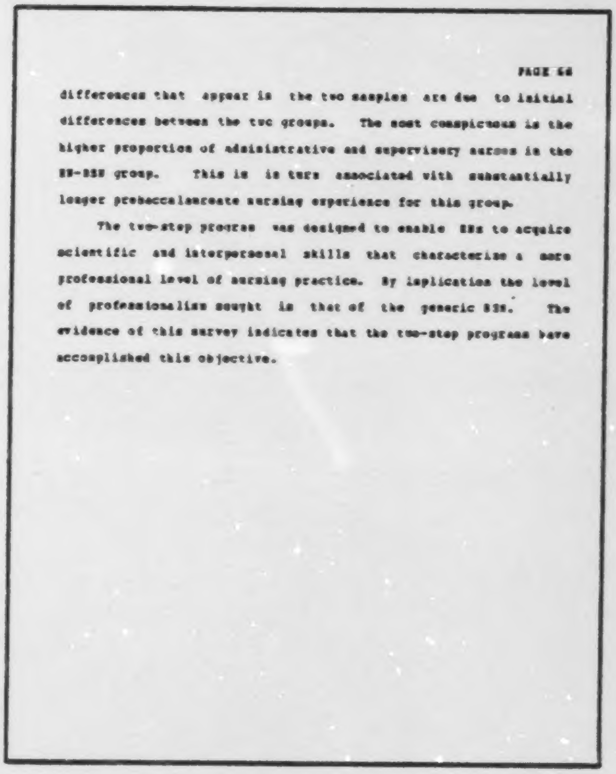
differences in their cognitive task structures.

A second factor analysis of 25 task items across six different scales for 66 clinical nurses failed to reveal the same thematic consistency of factor structure of these clinical tasks. Therefore the factor loadings of the first scale ("How typical is this task of your present job?") were used to create factor based scores on each of the scales. The six factors obtained were interpreted as client referral, professional control, physical assessment, interpreting psychosocial factors, planning and documenting care, and communication. With a few exceptions the reliabilities on the factor-based scores obtained in this manner were comparable to those obtained by means of the earlier factor analysis. This latter procedure has the advantage of making comparisons across scales possible.

The central finding of this second part of the analysis is that clinical RN-BSN and generic nurses appear to differ in their cognitive task structures only with regard to communication. However, this difference is shown to disappear when the duration of experience is introduced as a control. This finding for clinical nurses only is consistent with what was found in the first part of the analysis. It supports the hypothesis that apparent differences in the cognitive task structures between RN-BSN and generic nurses are not due to the differences in their training programs, but rather are due to the differences in the length of their work experiences.

The type of program seems unrelated to the professional role of BSN nurses as characterized by cognitive task structure. The



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differences that appear in the two samples are due to initial differences between the two groups. The most conspicuous is the higher proportion of administrative and supervisory nurses in the RN-BSN group. This is in turn associated with substantially longer prebaccalaureate nursing experience for this group.

The two-step program was designed to enable RNs to acquire scientific and interpersonal skills that characterize a more professional level of nursing practice. By implication the level of professionalism sought is that of the generic BSN. The evidence of this survey indicates that the two-step programs have accomplished this objective.

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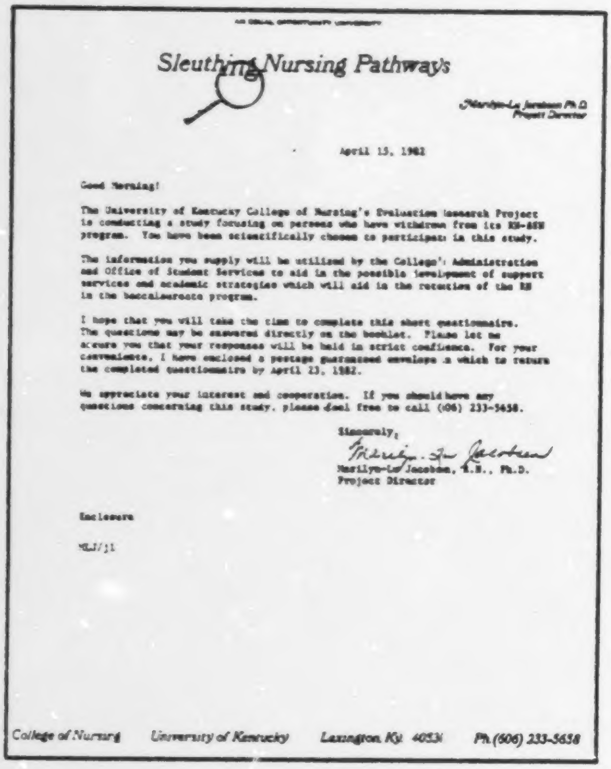
appendix L

WITHDRAWAL SURVEY QUESTIONNAIRE



AN EQUAL OPPORTUNITY UNIVERSITY

Sleuthing Nursing Pathways

Marilyn-Lu Jacobsen Ph.D
Project Director

April 15, 1982

Good Morning!

The University of Kentucky College of Nursing's Evaluation Research Project is conducting a study focusing on persons who have withdrawn from its RN-BSN program. You have been scientifically chosen to participate in this study.

The information you supply will be utilized by the College's Administration and Office of Student Services to aid in the possible development of support services and academic strategies which will aid in the retention of the RN in the baccalaureate program.

I hope that you will take the time to complete this short questionnaire. The questions may be answered directly on the booklet. Please let me assure you that your responses will be held in strict confidence. For your convenience, I have enclosed a postage guaranteed envelope in which to return the completed questionnaire by April 23, 1982.

We appreciate your interest and cooperation. If you should have any questions concerning this study, please feel free to call (606) 233-5658.

Sincerely,

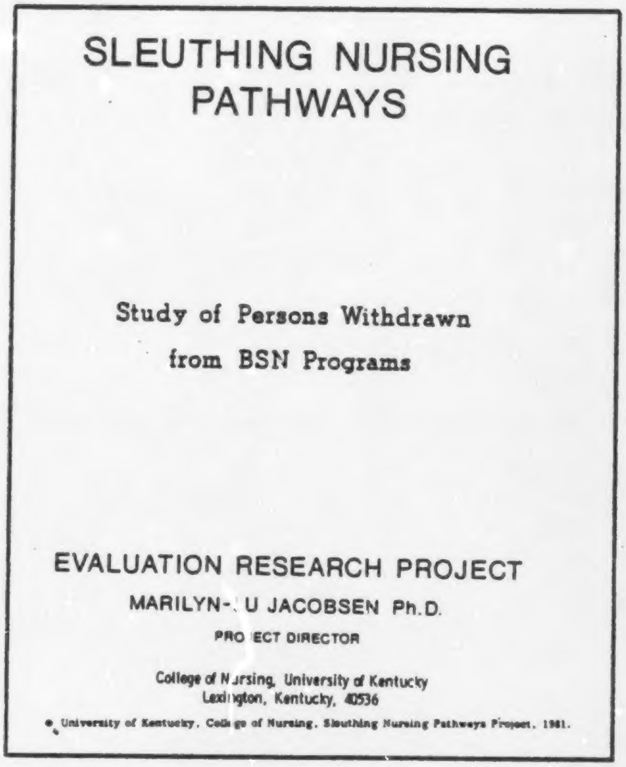
Marilyn-Lu Jacobsen

Marilyn-Lu Jacobsen, R.N., Ph.D.
Project Director

Enclosure

MLJ/jl

College of Nursing   University of Kentucky   Lexington, Ky. 40536   Ph.(606) 233-5658



SLEUTHING NURSING PATHWAYS

Study of Persons Withdrawn from BSN Programs

EVALUATION RESEARCH PROJECT
MARILYN-LU JACOBSEN Ph.D.
PROJECT DIRECTOR

College of Nursing, University of Kentucky
Lexington, Kentucky, 40536

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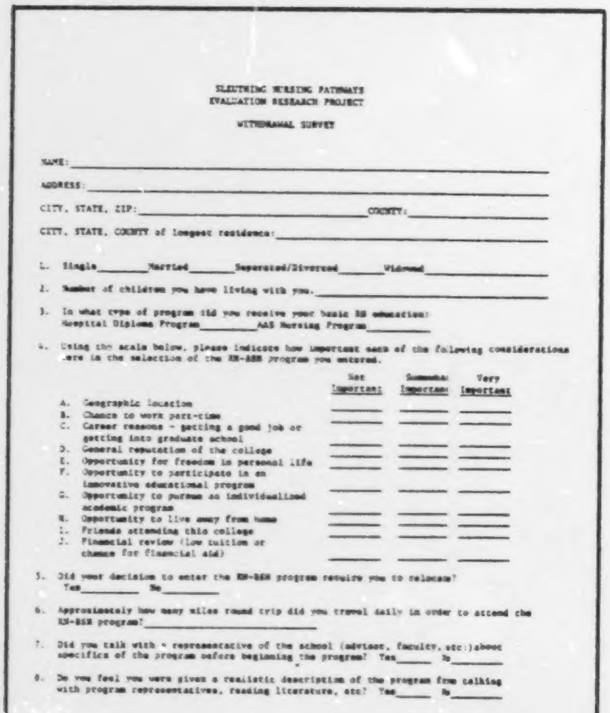


SLEUTHING NURSING PATHWAYS
EVALUATION RESEARCH PROJECT

WITHDRAWAL SURVEY

NAME:______________________________

ADDRESS:______________________________

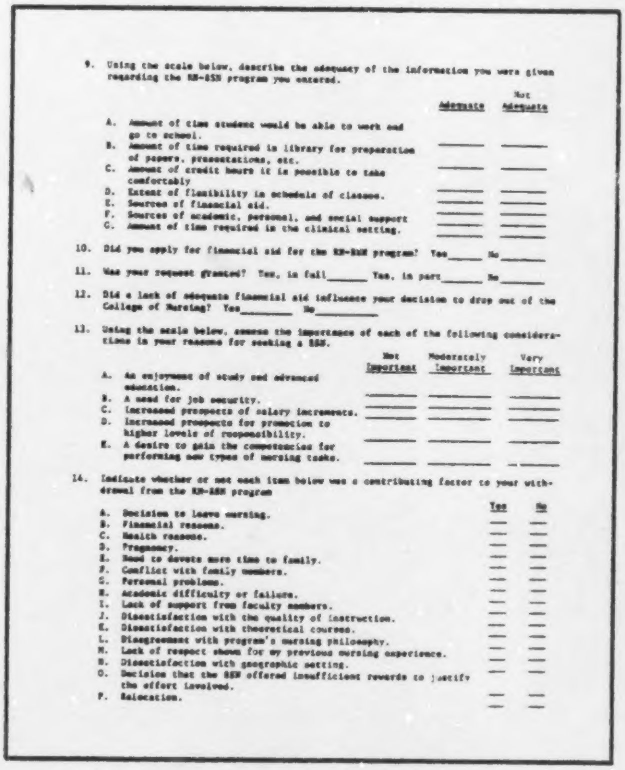
CITY, STATE, ZIP:____________________ COUNTY:______________

CITY, STATE, COUNTY of longest residence:______________________

1. Single_______ Married_______ Separated/Divorced_______ Widowed_______
2. Number of children you have living with you.____________________
3. In what type of program did you receive your basic RN education:
Hospital Diploma Program_________ AAS Nursing Program_________
4. Using the scale below, please indicate how important each of the following considerations were in the selection of the RN-BSN program you entered.

	Not Important	Somewhat Important	Very Important
A. Geographic location			
B. Chance to work part-time			
C. Career reasons - getting a good job or getting into graduate school			
D. General reputation of the college			
E. Opportunity for freedom in personal life			
F. Opportunity to participate in an innovative educational program			
G. Opportunity to pursue an individualized academic program			
H. Opportunity to live away from home			
I. Friends attending this college			
J. Financial review (low tuition or chance for financial aid)			

5. Did your decision to enter the RN-BSN program require you to relocate?
Yes_________ No_________
6. Approximately how many miles round trip did you travel daily in order to attend the RN-BSN program?____________________
7. Did you talk with a representative of the school (advisor, faculty, etc.) about specifics of the program before beginning the program? Yes_____ No_____
8. Do you feel you were given a realistic description of the program from talking with program representatives, reading literature, etc? Yes_____ No_____



9. Using the scale below, describe the adequacy of the information you were given regarding the RN-BSN program you entered.

	Adequate	Not Adequate
A. Amount of time student would be able to work and go to school.		
B. Amount of time required in library for preparation of papers, presentations, etc.		
C. Amount of credit hours it is possible to take comfortably		
D. Extent of flexibility in schedule of classes.		
E. Sources of financial aid.		
F. Sources of academic, personal, and social support		
G. Amount of time required in the clinical setting.		

10. Did you apply for financial aid for the RN-BSN program? Yes_____ No_____
11. Was your request granted? Yes, in full_____ Yes, in part_____ No_____
12. Did a lack of adequate financial aid influence your decision to drop out of the College of Nursing? Yes_______ No_______
13. Using the scale below, assess the importance of each of the following considerations in your reasons for seeking a BSN.

	Not Important	Moderately Important	Very Important
A. An enjoyment of study and advanced education.			
B. A need for job security.			
C. Increased prospects of salary increments.			
D. Increased prospects for promotion to higher levels of responsibility.			
E. A desire to gain the competencies for performing new types of nursing tasks.			

14. Indicate whether or not each item below was a contributing factor to your withdrawal from the RN-BSN program

	Yes	No
A. Decision to leave nursing.		
B. Financial reasons.		
C. Health reasons.		
D. Pregnancy.		
E. Need to devote more time to family.		
F. Conflict with family members.		
G. Personal problems.		
H. Academic difficulty or failure.		
I. Lack of support from faculty members.		
J. Dissatisfaction with the quality of instruction.		
K. Dissatisfaction with theoretical courses.		
L. Disagreement with program's nursing philosophy.		
M. Lack of respect shown for my previous nursing experience.		
N. Dissatisfaction with geographic setting.		
O. Decision that the BSN offered insufficient rewards to justify the effort involved.		
P. Relocation.		

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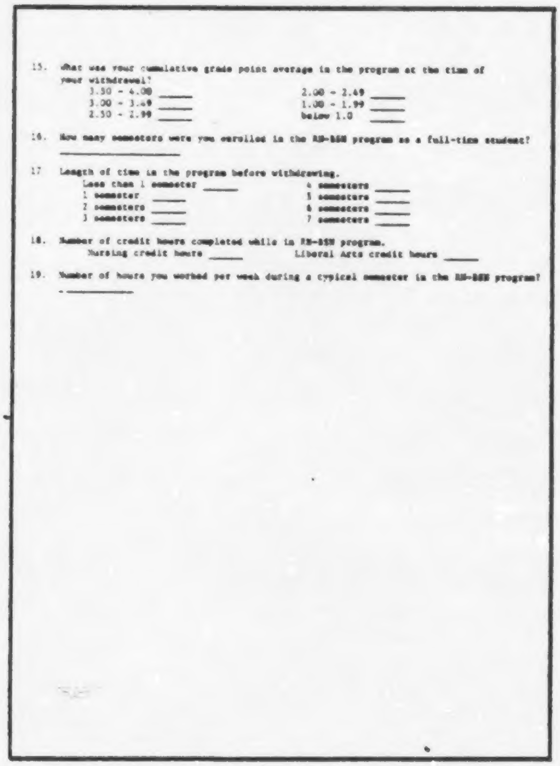
appendix L (continued)

WITHDRAWAL SURVEY QUESTIONNAIRE



15. What was your cumulative grade point average in the program at the time of your withdrawal?

3.50 - 4.00 ____	2.00 - 2.49 ____
3.00 - 3.49 ____	1.00 - 1.99 ____
2.50 - 2.99 ____	below 1.0 ____

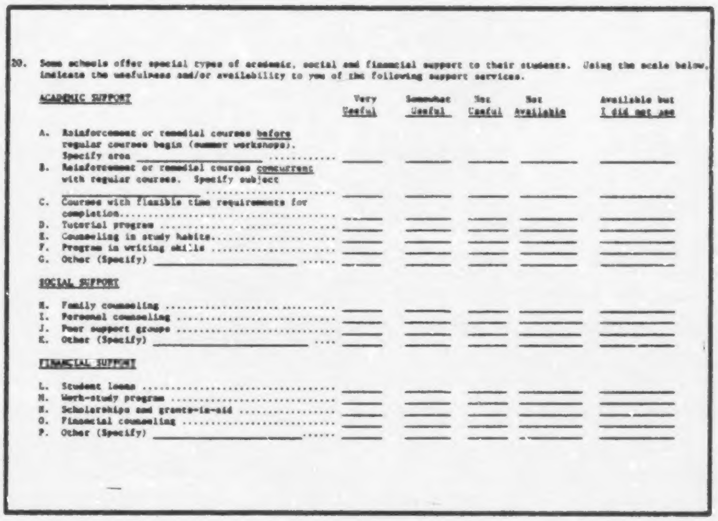
16. How many semesters were you enrolled in the RN-BSN program as a full-time student?
____

17 Length of time in the program before withdrawing.

Less than 1 semester ____	4 semesters ____
1 semester ____	5 semesters ____
2 semesters ____	6 semesters ____
3 semesters ____	7 semesters ____

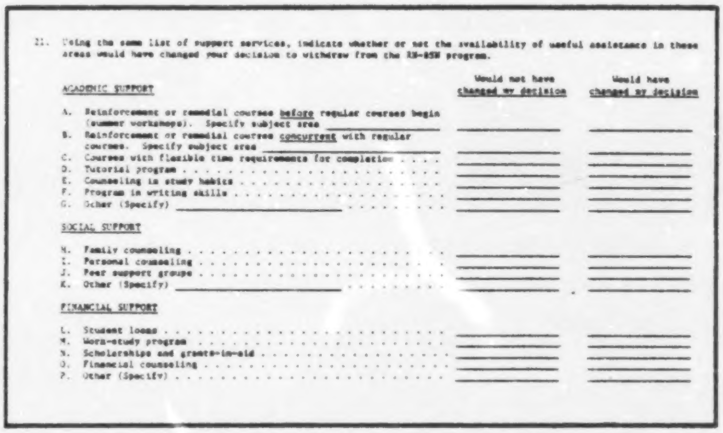
18. Number of credit hours completed while in RN-BSN program.
Nursing credit hours ____ Liberal Arts credit hours ____

19. Number of hours you worked per week during a typical semester in the RN-BSN program?
____



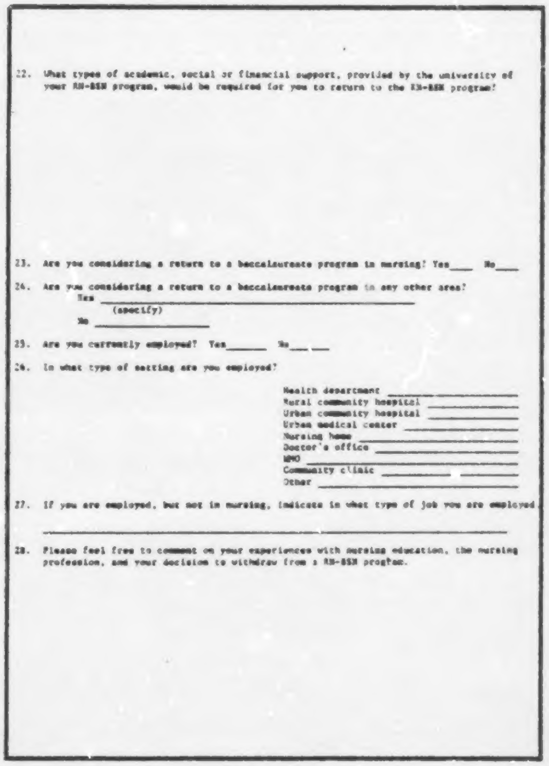
20. Some schools offer special types of academic, social and financial support to their students. Using the scale below, indicate the usefulness and/or availability to you of the following support services.

ACADEMIC SUPPORT	Very Useful	Somewhat Useful	Not Useful	Not Available	Available but I did not use
A. Reinforcement or remedial courses before regular courses begin (summer workshops). Specify area ____________					
B. Reinforcement or remedial courses concurrent with regular courses. Specify subject ____________					
C. Courses with flexible time requirements for completion					
D. Tutorial program					
E. Counseling in study habits					
F. Program in writing skills					
G. Other (Specify) ____________					
SOCIAL SUPPORT					
H. Family counseling					
I. Personal counseling					
J. Peer support groups					
K. Other (Specify) ____________					
FINANCIAL SUPPORT					
L. Student loans					
M. Work-study program					
N. Scholarships and grants-in-aid					
O. Financial counseling					
P. Other (Specify) ____________					



21. Using the same list of support services, indicate whether or not the availability of useful assistance in these areas would have changed your decision to withdraw from the RN-BSN program.

ACADEMIC SUPPORT	Would not have changed my decision	Would have changed my decision
A. Reinforcement or remedial courses before regular courses begin (summer workshops). Specify subject area ____________		
B. Reinforcement or remedial courses concurrent with regular courses. Specify subject area ____________		
C. Courses with flexible time requirements for completion		
D. Tutorial program		
E. Counseling in study habits		
F. Program in writing skills		
G. Other (Specify) ____________		
SOCIAL SUPPORT		
H. Family counseling		
I. Personal counseling		
J. Peer support groups		
K. Other (Specify) ____________		
FINANCIAL SUPPORT		
L. Student loans		
M. Work-study program		
N. Scholarships and grants-in-aid		
O. Financial counseling		
P. Other (Specify)		



22. What types of academic, social or financial support, provided by the university of your RN-BSN program, would be required for you to return to the RN-BSN program?

23. Are you considering a return to a baccalaureate program in nursing? Yes___ No___

24. Are you considering a return to a baccalaureate program in any other area?
Yes ____________________
(specify)
No ____________

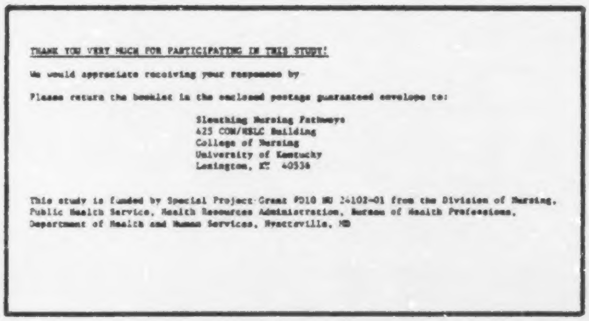
25. Are you currently employed? Yes______ No______

26. In what type of setting are you employed?

Health department ____________
Rural community hospital ____________
Urban community hospital ____________
Urban medical center ____________
Nursing home ____________
Doctor's office ____________
HMO ____________
Community clinic ____________
Other ____________

27. If you are employed, but not in nursing, indicate in what type of job you are employed.
____

28. Please feel free to comment on your experiences with nursing education, the nursing profession, and your decision to withdraw from a RN-BSN program.



THANK YOU VERY MUCH FOR PARTICIPATING IN THIS STUDY!

We would appreciate receiving your responses by

Please return the booklet in the enclosed postage guaranteed envelope to:

Sleuthing Nursing Pathways
625 CON/HSLC Building
College of Nursing
University of Kentucky
Lexington, KY 40536

This study is funded by Special Project Grant PD10 NU 24102-01 from the Division of Nursing, Public Health Service, Health Resources Administration, Bureau of Health Professions, Department of Health and Human Services, Hyattsville, MD

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